Antalana M.	n	1 .				۸7.	
Delcher-Mack-	LILWORTH	1-10:	- 14	40	)	/// 0	スロー
(Worker's full name		<del>,</del>	Trans.	2 2 2 2 2	tification		
(worker's luit name	) (Date)	, .	TOLU	idem	ullication	number	•

Baltimore City State MARY ANd.
Name of agency or office BUREAU ON MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 Municipal Bldg.  (Name of building, room number, street address)
1. Title {City of Montreal Distributing Conduit} (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates   903 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / Po// (Number of volumes; file drawers; file boxes; bundles; other)
(Number of volumos; file drawers; file boxes; bundles; other)
4. Labeling // ON E (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NoNE  (If record discontinued, give reason and state
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
made the same intermediate shown in another record. Explain why records are
missing, if possible)
6. Contents Consist of Blue brint Mabs of distributing Conduit (Purpose and general nature of record.) Principal items of information
CITY of Montrell showing Poutes of conduits for house shown Summary of forms used in making record, their headings, etc. If a very
To house SERVICE IN CETAI Mabs used by conduit Committee general or miscellaneous record, detailed information as to type of records
OR RELERENCE burbes ES.  contained and dates covered by each should be given. Unless contents of these
records are described by other Forms 12-13HR, such forms should be filled out
and attached)
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Contents—continued
7.	Arrangement None
	(Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NoNE (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Blue PRINT NIALS
	(Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	The second secon
	and years covered by each kind of writing)
10.	Size / Roll 3" X 40" 2 M A b S.
	(Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities BIN No 21 by WEST WALL IN VAULT
	(Room, vault, walfN.E.S.W., section, bin, sholf,
	WEXT to ROOM #102 IN City HAII.
. 12.	Other information
	(Condition of record if not good. Relation to other records.
	To form this man will be a second to the sec
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13	(For use in Florida.) Early imprints
·	(Author) (Publisher)
	(Place of publication) (Date of publication)
~~	Court of particulary
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	·

Delcher-Mack-Dilworth 1-15-40, No.2.02.
(Worker's full name) (Date) (Form identification number)

# WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

Baltimore C	ty State Mary	land
Name of agency or office (Office	of custody) (Office which made	he record, if different)
ddress of office of custody	Room 320/Jun/ (Name of building, room number	er, street address)
. Title Give present full	Saxannah Ga Te	Inchone Syste
	titles, list them with dates or	
2. Dates /8	atest dates; missing dates. Show	
. 2011	atest dates; missing dates. Snov	exact date of breaks)
Quantity (Number of vo	Dlumes; file drawers; file boxes;	bundles; other)
. Labeling (Explain fully; yes	irs; numbers; letters; number of	records so labeled)
. Discontinued and missing reco	ords Name	
	(If record discontinued, g	rive reason and state
whother same information s	shown in another record. Explain	why records are
Streets of To	al nature of record. Principal	City of Sovo
Ga. Maps Ar	record, detailed information as	hanical Elect
contained and dates covered	d by each should be given. Unlo	ss contents of those
	ther Forms 12-13HR, such forms s	hould be filled out
and attached)		
TPA FORM 12-13HRRevised	(Sec roverse side)	16-6419

•	Contents-continued '
	Arrangement (Chronologicallyby what? Numericallyby what? Alphabeticallyby what?)
	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)  Writing (Handwritten, Handwritten printed form, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)  Size
	pages or documents)
	Location by dates and quantities 73, 24 By W. W. Section, bin, sholf,  (Room, vault, wall-N.E.S.W., section, bin, sholf,  Cabinet, on floor)  (Room, Vault, wall-N.E.S.W., section, bin, sholf,
(	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
(	For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Dato of publication)

DEICHER-MACK-	Dilworth	1-15-1940	No 203
(Worker's full name)	(Date)	(Form identification n	mber) .

VOLUMES AND UNBOUND RECORDS FORM

BALTIMORE CI	ty State MARY	Iland
Name of agency or office U.RE		
Address of office of custody	(Name of building, room numb	per, street address)
10 + L	†: N 1 + 16 1	<u> </u>
1. Title OISTRID W	title in quotes; assigned title	e, if any, in brackets.
If record has had other	titles, list them with dates or	quantities or both)
2. Dates 18.99 1901 19 (Earliest and	14 DATES OF MAL	) S.
(Earliest and	latest dates; missing/dates. Sho	w exact date of breaks).
3. Quantity 5 Ralls - (Number of vo	· 4 Bd/s. Dlumes; file drawers; file boxes	: bundles; other)
4. Labeling NONE	•	
(Explain fully; yes	ars; numbers; lotters; number of	records so labeled)
5. Discontinued and missing reco	ords /o/ E (If record discontinued,	
	(II record discontinued,	give reason and state
whother same information :	shown in another record. Explai	n why records are
		•
missing, if possible)		,
6. Contents CONSISTS of Purpose and general	Mahs of distributing (	conduits IN AII SECTION
of city showing Ro	outes And Locations ascd in making record, their hea	by STREETS House dings, etc. IP a very
To House bole ARC general of miscellancous	Lights bolice and freeded, detailed information as	IRE ALARM BOYES to type of records
AND LAMB bost co	MNECTIONS	•
contained and Alates covere	od by ouch should be given. Unl	ess contents of these
records are described by o	ther Forms 12-13HR, such forms	should be filled out
<b>v</b> .		
and attached)	•	
PA FOR 12-13HRRevised	(See reverse side)	16-6419

(See reverse side)

16-6419

	•
7.	Arrangement Now E (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing No. 1/5
	Indexing WonE (Sclf-contained-describe what it shows. If scparate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing MADS (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	(Mandwildson, Mandwildson printed form, Handwritten printed nead, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	The first prince of the months
	and years covered by each kind of writing)
10.	Size 4Bdl's 3"X5"X36" FACH Abbrox Total 40 MAS. 2 Rolls 3"X36" (Of record or container. Height, width, thickness or depth. Average number of
	- 1 0 1 1 1 4 5 5 1 1 0 1 5 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1-Roll 4" x 50" - 1-Roll 5" x 40" - 1 Roll 4" x 60" Approx. 38 MAP
11	Approx ToTAl 78 MAps.
11.	
11.	HonRox. ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wall-N.E.S.W., section, bin, sholf,
11.	Approx ToTAl 78 MAps.
11.	HonRox. ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wall-N.E.S.W., section, bin, sholf,
	Hohrox. ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wallN.E.S.W., section, bin, sholf, cabinet, on floor)
	HonRox. ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wall-N.E.S.W., section, bin, sholf,
	Horrox. ToTal 78 MADS.  Location by dates and quantities IN bin 25 by west wall in Vault.  (Room, vault, wallN.E.S.W., section, bin, sholf,  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.
	Horax. ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wallN.E.S.W., section, bin, sholf, cabinet, on floor)  Other information
	Horax ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wallN.E.S.W., section, bin, sholf,  MEAR Room 102 CITY hall bldg.  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	Horrox. ToTal 78 MADS.  Location by dates and quantities IN bin 25 by west wall in Vault.  (Room, vault, wallN.E.S.W., section, bin, sholf,  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.
	Horax ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wallN.E.S.W., section, bin, sholf,  MEAR Room 102 CITY hall bldg.  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	Horax ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wallN.E.S.W., section, bin, sholf,  MEAR Room 102 CITY hall bldg.  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
12.	Horax ToTal 78 MADS.  Location by dates and quantities IN BIN 25 by WEST WALL IN VAULT.  (Room, vault, wallN.E.S.W., section, bin, sholf,  MEAR Room 102 CITY hall bldg.  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known

Baltimo	re City State M	Paryland
Name of agency or office	BUREAU OF MECHANICAL ELE (Office of custody) (Office which	i made the record, if different)
Address of office of cus	tody Room 320, MUNICION (Name of building, room	par number, street address)
1. Title DUCT (Give present	LENGTH MAPS) nt full title in quotes; assigned	d title, if any, in brackets.
If record has had	other titles, list them with dat	tes or quantities or both)
2. Dates /900 - (Earlie	st and latest dates; missing date	es. Show exact date of breaks)
3. Quantity 8 WOG (Number	er of volumes; file drawers; file	e boxes; bundles; other)
4. Labeling SFF (Explain fu.	ADDENDA. Liy; years; numbers; letters; num	mber of records so labeled)
5. Discontinued and miss	ing records NONE	inucd, give reason and state
whether same inform	mation shown in another record.	Explain why records are
missing, if possib.	10)	
6. Contents Colvers (Purpose au	of MAPS OF DUCTLENG	THS IN CITY SHOWING ROUTE
OF DUCTS AND DISC shown. Summary of	forms used in making record, the	STREET LOCATION DUCT
MEASUREMENTS A general or miscella	NO SCALE DATE NUMBER AND COA	1PASS POINT DIRECTIONS DE MAR
	s covered by each should be given	n. Unless contents of these
records are describ	bed by other Forms 12-13HR, such	forms should be filled out
and attuched)		
WPA FORM 12-13HRRevised	d (See reverse side)	16-6419

Arrangement NUM. BY MAP NUMBER. (Chronologically-by what? Numerically-by what? Alphabetically-by	
Arrangement NUM. BY MAP NUMBER. (Chronologicallyby what? Numericallyby what? Alphabeticallyby	
Arrangement NUM. BY MAP NUMBER.  (Chronologicallyby what? Numericallyby what? Alphabeticallyby	
Arrangement NUM. BY MAP NUMBER. (Chronologically-by what? Numerically-by what? Alphabetically-by	
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form	
(Self-containeddescribe what it shows. If separate, fill out a for	n for
and place cross reference here to that form by title and identification number	•
Writing MAPS (Handwritten Handwritten printed form. Handwritten printed head.	Tremod
viament room. Manent room printed form. Randwill toom printed hear.	rypea
Typed printed form. Typed printed head. Printed. Photostat. Other. Give	mon
and years covered by each kind of writing)	
Size S DRAWERS 3%" X 28" X 45" EACH /34 M A COf record or container. Height, width, thickness or depth. Average numbers	)S. oor of
pages or documents)	
Location by dates and quantities /N CABINET BY SOUTH WALL IN (Room, vault, wallN.E.S.W., section, bin, s	√ shelf,
·	
ROOM 322 /NUNICIPAL BLDG.	
Other information '?	
(Condition of record if not good. Relation to other records	<u> </u>
	٠
Information on prior, subsequent, or similar records. Whether record is kn	own
to have been kept earlier than dates shown in item 2)	
of have been kept emilier than dates shown in item 2)	
	<del></del>
For use in Florida.) Early imprints (Author) (Publisher)	<del></del>
- (Additor) (Fublisher)	
(Place of publication) (Date of publication)	<u> </u>

## Burcau of Mechanical Electrical Service

Ag	dendalITEM 4	Prom #320 Municipal Bldg.
· .		DLS. 17099 ME.30-19970
	. 11	11 /0070/99 11 30 - 123 - 19649
_/_	11 11	" 200To 299 M.E40-15028
_/.	,( )(	11 300 To 399 M.E40 - 150 - 14556
	,, ,,	11 400 to 499
_/	21 10	11 500 599 M.E. 60 TRACINES
/	10 10	" 600 To 699
1	" NO LABEL	
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	<b>`</b>	
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DEICHER-MACK-D	Ilworth	1-15-1940		No :	205
(Worker's full name	) (Date	(Form ic	lentification	number	

VOLUMES AND UNBOUND RECORDS FORM

809	BAHIMORE CITY State MARYLAND
Name	e of agency or office Rune put of Mechanical Electrical Service (Office of cystody) (Office which made the record, if different)
Add	ress of office of custody Room 320 MUNICIDAL Bldg.  (Name of building, room number, street address)
1.	Title WashingTow D.C. And Montreal Can Mabs (Give present full title in quotes; assigned title, if any, in brackets.
2. 1	If record has had other titles, list them with dates or quantities or both)  Dates 1898 Band 1903 Dates of Mahe
3. (	Dates 1898 And 1903 DATES of MABS.  (Earliest and latest dates; missing dates. Show exact date of breaks).  Quantity 2-Rolls.
4. ]	Quantity 2-RollS. (Number of volumes; file drawers; file boxes; bundles; other)  Labeling None
5. 1	Labeling NoNE  (Explain fully; years; numbers; letters; number of records so labeled)  Discontinued and missing records NoNE.  (If record discontinued, give reason and state
• -	whether same information shown in another record. Explain why records are
	Contents Consists of Mals of Washington DC and Montrae Can  (Purpose and general nature of record.) Principal items of information
	ShowING boundary INES, STREETS bublic buildings, shown. Summary of forms used in making record, their headings, etc. If alvery  WATERWAYS, RAIWAYS, CANALS, barks And barts on general or miscellaneous record, dotailed information as to typo of records
٠	WEARBY To WAS. Also Shows SCALE AND dATE of MAD.  contained and dates covered by each should be given. Unless contents of these
:	records are described by other Forms 12-13HR, such forms should be filled out
_	and attached)
WPA	FOR: 12-13HRRevised (See reverse side) 16-6419

6.	Contents—continued_
	1
7.	Arrangement None (Chronologically-by what? Numerically-by what? Alphabetically-by what?
3.	Indexing NONE
	Indexing WonE (Self-contained-describe what it shows. If separate, fill out a form for i
€.	and place cross reference here to that form by title and identification number)  Writing Mphs
	Writing MADS  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give month
	and years covered by each kind of writing)
١.	Size 1-Roll 1"X18" 1-Roll 2" X 24" 2 MABS EACH Roll (Of record or container. Height, width, thickness or depth. Average number of
	Total 4 MBbs. pages or documents)
•	Location by dates and quantities IN DIN #23 by WEST WIFI IN VAUIT (Room, vault, wall-N.E.S.W., section, bin, sholf,
	NEAR ROOM 102 City hall bldg.
	enbinet, on floor)
	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
• .	(For use in Florida.) Early imprints (Author) (Publisher)
	- (Place of publication) (Date of publication)
	· · · · · · · · · · · · · · · · · · ·

DELC	$\frac{1}{2}$	ER	_	PE	u	to	NL_
(	Wo	rker	s	ful	П	name	)

9-29-39 (Date)

(Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

	BAHIMORE CITY State MARY/AND
	me of agency or office Runepu of Mechanical Electrical Service (Office of custody) (Office which made the record, if different)
	dress of office of custody Roon #320 Municipal Bldg. (Name of building, room number, street address)
===	
1.	Title TotogRABhicA MABS of 1918 ANNEX (Give present Full title in quotes; assigned title, if any, in brackets.
	If record has had other titles, list them with dates or quantities or both)
2.	Dates 1923 DATE of Publication. (Earliest and Vatest dates; missing dates. Show exact date of breaks).
	Learnest and patest dates; missing dates. Show exact date of oreaks).
3.	Quantity   Bound Volumes; file drawers; file boxes; bundles; other)
4.	Labeling   0 00 R H bh   C H   M n bs of 1918 H NN EX  (Explain fully: years: numbers: lefters; number of records so labeled)
5.	Discontinued and missing records // ONE  (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
	missing, if possible)
6.	Contents Oum E CONTAINS Tobographic Mabs of Baltimore by (Purpose and general nature of record. Principal items of information
	NUMBERED FREA blots REBRESENTING THE FINNEX TO Old City shown. Summary of forms used in making record, their headings, etc. If a very
	TERRITORY AS DER Act 1918-1 MAB Shows Scale 1 to 2000 general or miscellaneous record; detailed information as to type of records
	LEET. 64 MADS Show SCALE / to 200/EET. A/SO NAME of contained and dates covered by each should be given. Unless contents of these
	Survey Commission Date of Publication Name of Chief records are described by other forms 12-13HR, such forms should be filled out
	ENGINEER AND SYMBOLS FOR KEY TO MAB.
WPA	FOR: 12-13HRRevised (See reverse side) 16-6419

S.	Contents—continued
٠.	Convenies—Contenies
	1/ 12
7.	Arrangement Mum. By Number of MRbs. (Chronologically-by what? Numer cally-by what? Alphabetically-by what?
Ω	Indomina Alexander
0.	Indexing Mow & (Self-contained-describe what it shows. If separate, fill out a form for i
	and place cross reference here to that form by title and identification number)
9.	Writing PRINTED Mah
	Writing PRINTED MAD.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give month
	and years covered by each kind of writing)
10.	Sizo /-Volume 24" X36" X3/4" ToTA 65 MADS.  (Of record or container. Height, width, thickness or depth. Average number of
	(Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities Stand INO ON LOOP by WALLIN VA (Room, vault, vallN/E.S.W., section, bin, sholf,
	NEAR ROOM 318 MUNICIPAL Bldg.
	cabinet, on floor)
	Other information
12.	(Condition of record if not good. Relation to other records.
12.	
12.	
12.	Information on prior, subsequent, or similar records. Whether record is known
12.	
12.	Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)
12.	
12.	

Delcher Pertan 9-25-39 Na. 207
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Baltimore City State Maryland
Name of agency or office Bureau of Machanical Electrical Services (Office of custody) (Office which made the record, if different)
Address of office of custody 19 320 Municipal Blog.  (Name of building, foom number, street address)
Give present full title in fuotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
CEarliest and latest dates; missing dates. Show exact date of breaks)
(Number of Volumes; file drawers; file boxes; bundles; other)
(Explain fully; years; numbers; letters; number of records so labeled)
Discontinued and missing records (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
may some simulation shown in the did it is a supposed with the same
missing, if possible)
Contents Consist of a Detailed Mechanical Man
shown. Summary of forms used in making record, their headings, etc. If a very
general of miscellaneous record, detailed information as to type of records
contained and dates covered by each should be given. Unless contents of these
regords are described by other Forms 12-13HR, such forms should be filled out
and attached)
PA FORM 12-13HRRevised (See reverse side) 16-6419
Boundaries, Stations, Pailways, City Institutions,
Suburban and County Boundaries, Clubs, Park

6.	Contents-continued Areas, Cemetaries Waterways and
	Schools Giving Scale 2/2" To The Mile. Map Made By
	Hearne Bres. Detriet Michigan andils Kept Up.
	To Date Bya Local Agent Draftsman.
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing Self-Contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing (Handwritten Printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)  Size / Man 3/" x 4/8"
10.	(Of record or container. Height, width, thickness or depth. Average number of
	pagos or documents)
11.	Location by dates and quantities (Room, vault, wall-N.E.S.W., section, bin, shelf,
	Cabinet, on floor) of Poem# 320, Municipal Bld
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints
	(Author) (Fublisher)
	(Place of publication) (Date of publication)

Delcher - MACK-Dilworth (Date)

1-15-1940 No 208 (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYAND
Name of agency or office Rureau o Mechanical Electrical Service (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 MuNICID A/ Bldg. (Name of building, room number, street address)
1. Title "BALTIMORE CITY MADS"  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1894, 1903, 1906 DATES of MARS.  (Earliest and latest dates; missing dates. Show exact date of breaks).
(Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 5 Rolls (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NoNE (Explain fully; years; numbers; letters; number of records so labelod)
5. Discontinued and missing records NowE (If record discontinued, give reason and state
(If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents Consists of MADS of Baltimore City Showing Streets, (Purpose and general nature of record. Principal items of information)
boundary lives Railways water ways barks Hosbitals City Bldg shown. Summary of forms used in making record, their headings, etc. If a very
CEMETARIES AND HARBORS. Also GIVING SCHIE DATE AND general or misecllaneous record, detailed information as to type of records
contained and dates covered by each should be given. Unless contents of these
records are described by other Forms 12-13HR, such forms should be filled out
and attached)

6.	Contents—continued
	3
	n.1
7.	Arrangement No NE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
В	Indoxing No. 44.5
0.	Indexing NoNE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing MABS.
	Writing / Abs.  (Handwritten: Handwritten printed form: Handwritten printed head: Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	or in the second control of the second contr
	and years covered by each kind of writing)
10.	Size 2 Rolls 2"x72" EACh -/ Roll 2"x30" - 1 Roll 3"x/8"- (Of record or container. Height, width, thickness or depth. Average number of
	(Of record or container. Height, width, thickness or depth. Average number of
	1Roll 3"x 36" 2MA bs EACH ROLL TOTAL 10 MA bs pages or documents)
11.	Location by dates and quantities TN b/N 23 by WEST WALL IN VAULT (Room, vault, wall-N.E.S.W., section, bin, sholf,
	MEAR ROOM 102 city hall bldg.
	cabinet, on floor)
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints
	(Author) (Publisher)
, ~·	(Place of publication) (Date of publication)

DELCHER-MACK-		12-13-1939		No	209
(Worker's full name	(Date)	) (Form'	identification	number	) T

BALTIMORE CITY State MARYLAND
Name of agency or office Buneau of Mechanical Electrical Service (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 Municipal Bldg. (Name of building, room humber, street address)
1. Title Work Orders"  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1923 - 1930 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 27 ORBWERS. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling JEE AddENCA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records None (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents Consists of work orders for FLECTRICAL WORK DERTAINING to (Purpose and general nature of record. Principal items of information)
construction REbairs and Maintenance of under ground eables conduit shown. Summary of forms used in making record, their headings, etc. If a very
bales, bolice box LIRE Alarm hor And TRALLIC SIGNAL BOY CONNECTIONS general or miscellangua record, detailed information by to type of records
and duet line changes giving Location and discription of work, contained and dates covered by each should be given. Unless contents of these
LEGGER ACCT. No order No. Construction No. SERVILE order No. records are described by other Forms 12-13HR, such forms should be filled out
date of order date completed and signed by GEN for EMAN AND
WPA FOR 12-13FRRevised (See roverse side) 16-6419

6. Contents-continued job FOREMAN, IN SOME CHSES THERE IS SOME COPPESSON	den
RELATIVE TO THE WORK TO BE dONE SUCH AS INTERDEBARTMENTAL.	
CORRESPONDENCE WITH BUREAU of highways when BAVING IS TO be	
disturbed	·
7. Arrangement Chronologically-by what? Numerically-by what? Alphabetically-by what?)	
8. Indexing Now E (Self-contained-describe what it shows. If separate, fill out a form for it,	•
(Self-containeddescribe what it shows. If separate, fill out a form for it,	
and place cross reference here to that form by title and identification number)	
9. Writing How & Tybed on brinted form Handwritten printed head. Typed.	
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months	•
and years covered by each kind of writing)	
O. Size 27 DRH WERS 4"X /2" X 15" EACH Abbrox. 400 ORCERS EACH CRAWER - 2 11/E bo	syes
12"X 11/2"X3"EACH AppRox 1000 @RdERS EACH LIF box.	
ToTAL Approx 12800 orders.	
1. Location by dates and quantities 2///E boxES /W hoffen Row 4/h h/N /Rom E WAII by (Room, vault, wallN.E.S.W., section, bin, sholf,	ı
South WALL AND 27 DRAWERS IN CADINET IN South WEST CORNER of VAN	lT
NEAR ROOM 318 MUNICI BIAG.	
2. Other information	
(Condition of record if not good. Relation to other records.	
Information on prior, subsequent, or similar records. Whether record is known	
to have been kept earlier than dates shown in item 2)	
	•
3. (For use in Florida.) Early imprints (Author) (Publisher)	
(Place of publication) (Data of millication)	

Delcher-Peyton Bureau of Mechanical Electrical Service ROOM 320 MUNICIPAL BLDF. Addenda - NOI Completed Orders 1925 1924 No label Completed Orders 1923 1926 1927 No label Order Completed 1928 Letters To + From Highways Eng. United Rux + Elec. Co. Orders Completed 1929 No label 11 11 11 11 11 11 MISC. Defect in Conduitsystem (Not Serious) To be referred to Constr. DIV. No label Rodded measurements Recorded 1928 10 1930 Reports 1927 Current Orders FILE BOXES

DEICHER - MACK- KILROY NOV. 13, 1939.

(Worker's full name) (Date) (Form identification number)

WOFKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
(Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 NUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title ORDER FOR WORK (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /933 — - •
2. Dates 1933 — — (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity /- BUNDE.
3. Quantity /- Bund E (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; lctters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
and the control of t The control of the control of
missing, if possible)
6. Contents <u>CONSISTS OF ORDER FOR WORK IN ADE BY ELECTRICAL</u> (Purpose and general nature of record. Principal items of information
CONSTRUCTION ENGINEER FROM WHICH WORK ORDER SHOWN shown. Summary of forms used in making record, their headings, etc. If a very
ON SERIAL NO. 211 ORIBINATES. ORDER SHOWS DATE, general or miscellaneous record, detailed information as to type of records
SUBJECT, TO WHOM, DISCRIPTION OF WORK, LEDGER ACCI. CHARGE contained and dates covered by each should be given. Unless contents of these
70 AND AUTHORIZATION, BOTTOM OF ORDER SHOWS DETAILED records are described by other Forms 12-13HR, such forms should be filled out
LIST OF WORK DONE FIVING WORK CLASSIFICATION, AND REMARKS, and attached)

(See reverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contents-continued CONSTRUCTION ORDER NO, ACCOUNT NO, SERVICE
. *	ORDER NO., AND SIGNATURES OF FENERAL AND YOU FOREMAN
	SEE ATTO FORM FOR VERIFICATION
-	
7.	Arrangement NUM, BY DRDER NO. CHRONO BY DATE OF ORDER, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE
•	Indexing //ONF (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Holus ON PRINTED FORM (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	(materillocit. instantituon printed form. instantituen printed ficat. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
10	and years covered by each kind of writing)
10.	Sizo /- Bund E 3"x 8"x //" 960 or cERS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities // DRAWER /N CONSTRUCTION ENGINEERS (Room, vault, wallN.E.S.W., section, bin, sholf,
	DESK IN S. W. COR, ROOM 322 MUNICIPAL BLDG.
	endinet, on floor;
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

#### CITY OF BALTIMORE

Setia/# 210

#### Bureau Of Mechanical - Electrical Service

Order for Work

			<i>;</i>	
Subject:	• :	•	•	
To Mr.				
Please			•	
•				
				-
Ledger Account				
Charge to:				
Authorization				
•		•		
				· · · · · · · · · · · · · · · · · · ·
Lineal Feet Constructed		Arc Light Connections	No.	
Lineal Feet Constructed  Manholes Built	No.	Arc Light Connections Pole Connections	No.	
Manholes Built	No.	Pole Connections	No.	
Manholes Built Hand Boxes Built No.l	No. 2	Pole Connections  House Connections	No.	
Manholes Built Hand Boxes Built No.l Distribution Boxes	No. 2 No.	Pole Connections  House Connections  Fire Alarm Connections	No. No. No.	
Manholes Built Hand Boxes Built No.l Distribution Boxes Trolley Pole Connections	No. 2 No. No.	Pole Connections  House Connections  Fire Alarm Connections  Police Call Box Connections	No. No. No.	
Manholes Built Hand Boxes Built No.l Distribution Boxes Trolley Pole Connections Traffic Signal Connections	No. 2 No. No.	Pole Connections  House Connections  Fire Alarm Connections  Police Call Box Connections	No. No. No.	
Manholes Built Hand Boxes Built No.l Distribution Boxes Trolley Pole Connections Traffic Signal Connections	No. 2 No. No.	Pole Connections  House Connections  Fire Alarm Connections  Police Call Box Connections	No. No. No.	
Manholes Built Hand Boxes Built No.l Distribution Boxes Trolley Pole Connections Traffic Signal Connections Remarks	No. 2 No. No.	Pole Connections  House Connections  Fire Alarm Connections  Police Call Box Connections  Junction Boxes  Account No.	No. No. No.	
Manholes Built Hand Boxes Built No.l Distribution Boxes Trolley Pole Connections Traffic Signal Connections Remarks  Construction Order No.	No. 2 No. No. No.	Pole Connections  House Connections  Fire Alarm Connections  Police Call Box Connections  Junction Boxes	No. No. No.	

BALTIMORE C	/TY State	AARYLAND.
Name of agency or office BUK	EAU OF MECHA	Ch made the record, if different)
(Office	of custody) (Office whi	ch made the record, if different)
Address of office of custody	ROOM 320 M	UNICIPAL BLDG.
	(MAME OF BUILDING, I	oom number, street andress,
// 0		
1. Title CONSTA	title in quotes; assign	ed title, if any, in brackets.
If record has had other	titles, list them with d	ates or quantitics or both)
2. Dates /909 /3	ATE. latest dates: missing da	tes. Show exact date of breaks)
7		
3. Quantity 4 BUNDER of v	- 13 //E DOXES	le boxes: bundles: other)
•	1	•
4. Labeling SEF / (Explain fully; ye	ADDENDA: ars; numbers; letters; n	umbor of records so labelod)
•	•	•
5. Discontinued and missing rec	(lf record discon	tinued, give reason and state
whother same information	shown in mother record.	Explain why records are
· · ·		•
missing, if possible)	· · · · · · · · · · · · · · · · · · ·	
		_
6. Contents CONSISTS OF C	RDERS FOR CONSTRU	rincipal items of information
ORIGINATE FROM CON	STRUCTION ENGINE	ERS ORDEN FOR WORK heir headings, etc. If a very
Shown. Summery of forms	used in making record, t	neir neadings, etc. II a very
SHOWN ON SERIAL NO	210 AND SHOW	DIVISION NAME, APPROP
general or miscellaneous	record, detailed informa	tion as to type of records
RIATION ACCT. NO. APP	POPRIATION NAME	en. Unless contents of these
contained and dages cover	ed by other should be give	en. Uniess contents of these
LEDECH RICAY BANK	- 440	
records are described by	other Forms 12-13HR, such	TO BE STARTED WORK TO h forms should be fixled out
RE COMPLETED DATE	10007104 883	ALERT DETAILED DISABLES
and attached)	, such long Re	WECT, DETAILED DISCRIPTION
•		

6.	Contents continued OF WORK, QUANTITIES, DETAILED PROPERTY TO BE
	INSTALLED OR ABANDONED, COMPLETED BY - DATE COMPLETED,
	ISSUED BY (NAME OF CONSTRUCTION ENGINER) APPROVED BY (NAME
	OF BUREAU HEAD) SEE ATTO COPY FOR VERIFICATION.
7.	Arrangement NUM. BY ORDER NO. CHRONO. BY DATE OF ORDER, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED FORMS.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Sizo DRAWER 9"X 11" X 21." - 15 FILE BOXES 31/2" X 9"X 12" EACH (Of record or container. Height, width, thickness or depth. Average number of
	2 BDL5 21/2" X 81/2" X 11" FACH - 1BDL, 31/2" X 81/2" X 11"- 1BDL, pages or documents)
	31/2" X 9" X 12" EACH.
11.	Location by dates and quantities 4 BDLS IN BIN 14 BY SOUTH WALL AND (Room, vault, wall-N.E.S.W., section, bin, sholf,
	14FILE BOXES IN BIN 15 BY SOUTH WALL IN VAULT NEAR ROOM 102
	CITY HALL BLDG - I PRAWER IN CABINET S.W. COR, ROOM 322 MUNICIPAL BL
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

### BUREAU OF MECHANICAL ELECTRIC SERVICE

	grebs industrians delicant has been the transferred to the till the constraint of th	
		320 MUNICIPAL BUILDING
AL	DENDA-VAULTIN	HALLWAY NEXT TO PRODUID 2 CITYHALL
/	BOL LABELED	1 TO 657 - NAN. 4-1909 TO DEC, 31-1909.
/	11 /1	170 727 - JAN. 4-1910 TO DEC, 31-1910.
/	11	1TO 674 - JAN. 3-1911 TO DEC. 31-1911.
1	11	1TO 1040 - JAN. 1- 1912 TO DEC. 31-1912
1	FILE BOX _ 11	2087 To 2259 = OCT. 8-1914 TO DEC. 31-1914 - 1 TO 372-JAN, 1 TO DEC31-1915.
1	FILE BOX "	NO,1, ORDERS 1916 NOS. 1 To 500
1	n = N	NO2, 11 1916 11 501 TO 1000
/	1. 1s A	ND.3. 1, 1916 a 1001 TO 1500
1	p 10 H	NO.4 11 1916 11 1501 TO 1662
_/_	h h h	NO.5 " 1917 " 1663 TO 2000
/	n n	NO6 1, 1917 11.2001 To 2500
/	n 11 k	NO.7 " 2501 To 2799
1	n n W	NO.8 " 2800 TO 3199
/	n le le	NO, 9 11 3200 TO 3600
/	11	NO.10 " 3601 To 4200
1	11 11 11	NO.11 " 4201 TO 5000
1	11 11	ND,12 " 5001 To 5275
1	11 11 11	NO.13 " 1922 - 101 TO 741
1	1) 11 1)	N. 14 " 1923 - 101 To 155
1	DRAWER	CURRENT ORDERS 1933 - COMPLETED ORDERS 1933

4

TO DEPARTMENT FILE

BUREAU HEAD

VOLUMES AND UNBOUND RECORDS FORM

Baltimore City State Maryland
Name of agency or office Buteau of Mechanical Electrical Service.  (Office of custody) (Office which made the record, if different)
Address of office of custody Ream 320 Municipal Blog.  (Name of building, room number, street address)
1. Title Cive present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / File Box Containing Approximately 200 Permits.  (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents Records Consist of Permits To Tan City (Purpose and general nature of record. Principal items of information)
Sewers Change Crawn of Brick Sewer To shown. Summary of forms used in making record, their headings, etc. If a very
Blast and to Decrease Street of the state of records
contained and dates covered by each should be given. Unless contents of these
Are Departmental Notes Consisting of Proposed records are described by other Forms 12-13HR, such forms should be filled out
records are described by other forms 12-13AR, such forms should be filled out  Plans of Bureau of Mechanical Electrical Service and attached)

(Sec reverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contents—continued
	The state of the s
7.	Arrangement (Chronologically-by what Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	writing (Handwritten, Handwritten printed Form, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
0.	Size / File 23 x / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
	pages or documents)
1.	Location by dates and quantities Bin 16 By South Wallin Vault (Room, vault, walk-N.E.S.W., section, bin, sholf,
	enbinet, on floor) Near Poem 102 City Hell Bldg.
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

Delcher Mack Fawcett 12-6-39 213
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Baltimore City State Maryland
Name of agency or office Burely (Office which made the record, if different)
Address of office of custody Roman 320 Municipal Black (Name of building, room number, street address)
1. Title Minutes of Meetings of Electrical Commission (Give present full title in quotes, assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates Supe 20, 1895 To Aug. 19, 1897. (Farliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity /- Book. (Number of volumes; Tile drawers; Tile boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
(II rccord discontinued, give reason and state
whother same information shown in another record. Explain why records are
whother same information shown in another record. Explain why records are
whether same information shown in another record. Explain why records are missing, if possible)
whether same information shown in another record. Explain why records are missing, if possible)
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents Records Contents (Purpose and general nature of record. Principal items of information)
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents Records Contents (Purpose and general nature of record. Principal items of information)
whether same information shown in another record. Explain why records are  missing, if possible)  6. Contents  (Purpose and general nature of record. Principal items of information  shown. Summary of forms used in making record, their headings, etc. If a very  general or miscellaneous record, detailed information as to type of records
whether same information shown in another record. Explain why records are  missing, if possible)  6. Contents  (Purpose and general nature of record. Principal items of information  shown. Summary of forms used in making record, their headings, etc. If a very  general or miscellaneous record, detailed information as to type of records  contained and dates covered by each should be given. Unless contents of these

		mission,
0/ 2	+ 10	11 4.
rrangement (Chronologically-by what	Numerically-by what? Alphabo	tibally-by whit?)
(Self-contained-describe what	at it shows. If separate, fill	out a form for it,
and place cross reference here to the	at form by title and identific	ation number)
Handwritten Handwritten pr	inted form. Handwritten print	ed head. Typed.
Typed printed form. Typed printed	head. Printed. Photostat. C	ther. Give months
and years covered by each kind of w		
(Of record or container. Height,	width, thickness of dopth.	verage number of
pages or documents)		
ocation by dates and quantities (Roo		ion, bin, shelf
cabinet, on floor)	Municipal Bl	19.
ther information (Condition of recor	d if not good. Relation to ot.	ner records.
ther information (Condition of recor		
(Condition of recor	or similar rocords. Whether r	4.
(Condition of recor	or similar rocords. Whether r	
(Condition of recor	or similar rocords. Whether rees shown in item 2)	ecord is known
(Condition of recording to have been kept earlier than dat	or similar rocords. Whether rees shown in item 2)	

Delcher - Mack-Farrett 11-30-39 214
(Norker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

Baltimore City State Maryland
Name of agency or office Bureaux (Office which made the record, if different)
Address of office of custody Room #320 Municipal Bldg.  (Name of building, room number, street address)
1. Title Statement Estimates and City Ordinance (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / File Consumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents The cords Consist of Statements Pertains
To Flect rical Material Used and And And And Sand
Egeneral or miscellaneous record, detailed information as to type of records
To Be listed in Electrical Contained and dates covered by each should be given. Unless contents of these
AND Electrical Ordinances and Amendment records are described by other Forms 12-13HR, such forms should be filled out
and attached)

(Sec reverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contents-continued '
	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
•	and place cross reference here to that form by title and identification number)  Writing Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	-and years covered by each kind of writing)  Size / File Box / 9" / 10 / 25" Abbrox 75 Docume  (Of record or container. Height, width, thickness or depth. Average number of
	pagos or documents)
	Location by dates and quantities Bin 16 By South Wallin Vault (Room, vault, wall, N.E.S.W., section, bin, shelf,
	Abinet, on floor) #103 City Hall Bldg.
	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
,	(For use in Florida.) Early imprints (Author) (Publisher)
	(*************************************
	(Place of publication) (Date of publication)

VOLUMES AND UNBOUND RECORDS FORM

Baltimore City State Maryland
Name of agency or office (Office of custody) (Office which made the record, if different)
ddress of office of custody Rame of building, room number, street address)
. Title Permits To Install Lamphight Shades & Frested G. (Give present full title in quotes; assigned tiple, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
Dates May 1938 Oct 1938 The (Parliest and latest dates; missing dates. Show exact date of breaks).
20 11 11 11 11 11 11 11 11 11 11 11 11 11
(Number of volumes; file drawers; file boxes; bunules; other)
. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
. Discontinued and missing records
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
The Many authorities
missing, if possible)
Contents ONSISTS OF PERMITS TO INSTALL Francipal items of information
shown. Summary of forms used in making record, their headings, etc. If a very
Report of miscellaneous record, detailed information as to type of records
The greated That Frested Globes or Shades contained and dates covered by each should be given. Unless contents of these
Be Tastelled and Permit Has Been Grantage records are described by other Forms 12-13HR, such forms should be filled out
and attached)

(See reverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contentscontinued
	-2 - De la Companya d
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing (Mandwritten, Handwritten printed form, Handwritten printed head, Typed,
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size Bundle 45 8" Hobrox 900 bERMIT (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities (30 Bin Fram West Wells and (Room, vault, wall-N.E.S.W., section, bin, sholf,
	Port Frantep By North Wall in Vault Near
	Treem 318 Municipal Bldg.
.2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

Delcher	Mac	k-Fawcett	//- 30-39 (Form identification	214
(Worker's full	name)	(Date)	(Form identification	number)

Activities - P.
Baltimore City State Maryland
Name of agency or office Sureau of Meel anical Leaf the Service (Office of custody) (Office which made the record, if different)
Address of office of custody The Mane of building, room number, street aldress)
1. Title (APPLICATION FOR PERMIT TO INSTALL GASOLINE TANK) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / File Box. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling Grand Tombers; New 1919 To Jan 11920 Incl. (Explain fully; years; numbers; letters; number of records so Taboled)
5. Discontinued and missing records (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents Pecards Consists of Inter-Departmental (Purpose and general nature of record. Principal items of information
Shown. Summary of forms used in making record, their headings, etc. If a very
To NSTALL Control of miscellaneous record, detailed information as to type of records
Show The Contents of The Original Application. Contained and dates covered by each should be given. Inless contents of these
Notices Are Forwarded To Bureau of Mech. Elec. Forces are described by other Forms 12-13AR, such forms should be filled out
Service For Approvaland Same Are Stamped
WPA FOR 12-13HRRevised (See roverse side) 16-6419

7. Arrangement (Chronologically-by what? Aumerically-by what? Alphabetically-by what?  8. Indexing (Self-contained-describe what it shows. If separate, fill out a form for i and place cross reference here to that form by title and identification number)  9. Writing (Handwritten, Handwritten printed form, Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give month and years covered by each kind of writing)	
7. Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?  8. Indexing (Sclf-contained-describe what it shows. If separate, fill out a form for i and place cross reference here to that form by title and identification number)  9. Writing (Handwritten, Handwritten printed form, Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give month and years covered by each kind of writing)	Z
8. Indexing  (Sclf-contained-describe what it shows. If separate, fill out a form for i and place cross reference here to that form by title and identification number)  9. Writing  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give month and years covered by each kind of writing)	
(Sclf-contained-describe what it shows. If scparate, fill out a form for i and place cross reference here to that form by title and identification number)  9. Writing  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give month and years covered by each kind of writing)	?)
9. Writing (Handwritten, Handwritten printed form, Handwritten printed head. Typed.  Typed printed form, Typed printed head. Printed. Photostat. Other. Give month and years covered by each kind of writing)	it,
and years covered by each kind of writing)	_
	15
O. SIZE THE LIGHT AND AND HER ROY, 300 HE	blica
Of record or container. Height, width, thickness or depth. Average number of	PIICH
pages or documents)	a a constitution of the co
1. Location by dates and quantities Bing By South Wall (Room, vault, Wall-N.E.S.W., section, bin, shelf,	- 11:
cabinet, on floor)	EL K
2. Other information (Condition of record if not good. Relation to other records.	
Information on prior, subsequent, or similar records. Whether record is known	
to have been kept carlier than dates shown in item 2)	_
3. (For use in Florida.) Early imprints (Author) (Publisher)	
(Place of publication) (Date of publication)	

BAITIMORE CITY. State NHRY/AND
Name of agency or office BUBEAU OF MFELIANICAL FIECTRICAL SERVIC (Office of custody) (Office which made the record, if different)
Address of office of custody Room #370 Movicipal Blds.  (Name of building, room number, street address)
1. Title Workorders For Trolley Pole connections (Give present full title in quotes assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 190 y - 1914  (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity VF/F Box155, (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling TROVEY POLE CONNECTIONS 1902 to 1914 (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents RECORDS CONSIST OF WORK ORDERS FOR TROUBY POLE (Purpose and general nature of record. Principal items of information
shown. Summary of forms used in making record, their headings, etc. If a very
INSOME CASES FORCE ACCOUNTS ARE ATTACHED to WORKORD general or miscellaneous record, detailed information as to type of records
RECORDS Show orders NUMBER SHIES UBject, discription contained and dates covered by each should be given. Unloss contents of these
OF WORK to be done, Approved STAMPED: FORE ACCOUNT
show LAbor ehARERS Etc. For WORK done

6.	Contents—continued '
7.	Arrangement Chron. By DATE OF ORDER (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing SE/F CONTRINE LETTERED TABBED DAGES (Not USED) (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Typied & Handweitten on PRINTED FORMS.  (Mandwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 2 Fi/E BOXES 1 XX1 X X 3 EACH. Abbrox 2800 order (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities Bin # 75 By South WAII in VAUIT (Room, vault, wall-N.E.S.W., section, bin, shelf,
	cabinet, on floor) NEAR ROOM # 102 Gity Hall Blds.
.2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(Tare of hyptication)

BALTIMORE	CITY State MD.	
Name of agency or office	ffice of custody) (Office which made	the record, if different)
Address of office of custod	dy Room 330 MUNICIP (Name of building, room number	PAL BLDF. er, street address)
1. Title (Give present	RESSION COPIES OF PAVIN full title in quotes; assigned title	G ORDERS, if any, in brackets.
If record has had ot	ther titles, list them with dates or	quantities or both)
2. Dates JAN 2 / (Earliest	and latest dates; missing dates. Show	w exact date of breaks)
I VOLUME I	of volumes; file drawers; file boxes  LABELED PAVING ORDERS  y; years; numbers; letters; number of	NO. O
5. Discontinued and missing	g records NONE (If record discontinued,	give reason and state
SYSTEM DISC. whether same informat	AS OF 1914, tion shown in another record. Explain	n why records are
missing, if possible	)	
6. Contents PONSISTS (Purpose and	OF IMPARSSIAN COPIES general nature of record. Principal	items of information
ORDERS FROM Consolvery of for	CHIEF FLECTRICAL ENG- orms used in making record, their head	dings, etc. If a very
FNFINFER SHO	cous record, detailed information as	to type of records,
WHOM ADDRESS Contained and dates	ED LOCATION OF PAU eovered by each should be given. Unli	ING TO BE DONE, ess contents of these
the second of th	ORDER NO AND SIF	WED BY CHIEF should be filled out
ELFETRICAL and attuched)	ENGR.	f
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents—continued
7.	Arrangement CHRANA BY DATE OF ORDER NUMBER (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing /MPRESSION POPIES (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 2 VOLUMES 14" X 10" X 2" FACH. A BROX 1205 (Of record or container. Height, width, thickness or dopth. Average number of
	CODIES OF DAVING ORDERS.  pages or documents)
11.	Location by dates and quantities BIN NO 9 BY WEST WALL IN (Room, vault, wallN.E.S.W., section, bin, shelf,
	VAULT ROOM NEAR ROOM 102 CITY HALL BLDF.  cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on price, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Action) (ruolisher)
	(Place of publication) (Date of publication)

County BALTIMORE CITY State MD.	
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different	5
Address of office of custody ROOM 320 MUNICIPAL BLDG. (Name of building, room number, street address)	
1. Title CONDUIT SYSTEM WORK ORDERS (Give present full title in quotes; assigned title, if any, in brackets.	
If record has had other titles, list them with dates or quantities or both)	
2. Dates /901/2 — /9/14 (Earliest and latest dates; missing dates. Show exact date of breaks)	draderny
3. Quantity 24 FILE BOXES: Tile drawers; file boxes; bundles; other)	to-matters 4
4. Labeling SFF ADDENDA.  (Explain fully; years; numbers; letters; number of records so labeled)	-
5. Discontinued and missing records  (If record discontinued, give reason and state	
whother same information shown in another record. Explain why records are	
missing, if possible)	arresistatives
6. Contents CONSISTS OF WORK ORDERS RELATIVE TO CONS	מעת
SYSTEM AND CONNECTIONS SHOWING DATE OF ON shown. Summary of forms used in making record, their headings, etc. If a very	EDER
SUBJECT DETAILED DISCRIPTION OF WORK FIVING LO general or miscellaneous record, detailed information as to type of records	CATI
OF WORK ASST ENER'S ORDER NO. ME, BLUE PRINT N contained and dates covered by each should be given. Unless contents of those	هراره),
PERMIT NO. AND SIGNATURE OF PARTY AUTHORITAL records are described by other Forms 12-13HR, such forms should be filled out	NG
WORK, COPT OF ORDER ATTO.	
WPA FORM 12-13HRBevised (See reverse side) 16-6419	

6.	Contents-continued_
7.	Arrangement CHROND, BY DATE OF ORDER NUM BY ORDER NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing SFIF CONTAINED BY LETTERED PAFES (NOT USED) (Self-contained-describe what it shows. If separate, fill out a form for it)
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED FORMS.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 24 FILE BOXES 12" X 12" X 3" EACH, ToTAL (Of record or container. Height, width, thickness or depth. Average number of
	Pages for documents)
11.	Location by dates and quantities ON TOP OF FILE CABINET BY (Room, vault, wall-N.E.S.W., section, bin, sholf,
	NORTH WALL IN VAULT NEAR ROOM 102 CITY HALL BL
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
.3.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Dato of publication)

July 2nd-1915.

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Read 127.0 % North of North C/L of Whoten Ave.

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Apet Engr Order # 261 6-29-15

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## BUREAU OF MECHANICAL ELECTRICAL SERVICE

AddENDA BOOM #350 MUNICIPAL BIDE				
/	FILE BOX L	LABELLED	NO. 7-ORDERS-1906-APR MAY-JUNE-JULYANT NOS. 1028 TO 1226	
1	1) //		NO8 " 1906-SEPT-DET-NOV-DER 1227 11299 AND 1 TO86	
1	11 /1	•	NO9 1 1907- JAN FEB MAR APL, - MAY 67 TO 338	
1	)1 ) <sub>1</sub>		NO10 11 1907-VUNE-JULY-AUG-SEPT- OCT-NOV-DEC, 339-629	
/	, ,1, ,4		COMPLETED ORDERS 1912	
1	ч . и		ARC, 1912 COMPLETE	
/	<u>''</u>		COMPLETED ORDERS 1913 - 1 To 399	
	11 11	(	11 1913 - 400 To 799	
1	<u> </u>	(	11 1913 - 800 - 1099	
./	¥	11	11 1913 - 1108 - 1499	
_/_		·	11 1913 - 1500-1999	
. 1	)(	'(	1 1913 - 2000	
1	h	<u>//                                    </u>	1913 - 1 To 1425	
1	11	4	1913 - 1426 70 2500	
	<u> </u>	4	COMPLETED DRDERS 1913 - 1 To 499	
	<u> </u>	4	11 1913 - 500 To 999	
/	11 1	l(	11 1913 - 1000 To 1499	
,	)( )	!(	COMPLETED ORDERS 1913 - 1.500 TO 1899	
, .	<u>'(</u>		11 1913 - 1900	
	11 11		1914 - 1 TO 499	
,	( )		1914 - 500 To 999	
1	14	<u>,                                     </u>	1914 - 1000 To 1400	
1		<u> </u>	1914-1500 To 1999	
	', '		1914 - 2002	

(Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937

1734 NEW YORK AVE. NW. Washington, D.C.

BALTIMORE CITY, State MD.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE. (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLOT.  (Name of building, room number, street address)
1. Title (COMPLETED WORK RECORD CARD) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1904 To 1915 /NCL 1926 To 1936 INCL (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity 4 DRAWERS AND 22 FILE BOXES. (Number of volumes; file prewers; file boxes; bundles; other)
4. Labeling SFF ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records YEARS 1916 To 1925 INCL, CONNOT (If record discontinued, give reason and state
Whether same information shown in another record. Explain why records are
SISTEM DISCONTINUED as OF 1936, missing, if possible)
6. Contents CONSISTS OF RECORD CARD FOR COMPLETED WORK.  (Purpose and general nature of record. Principal items of information
CARD SHOWS LOCATION OF WORK WORK ORDERED CHARGED TO, shown. Summary of forms used in making record, their headings, etc. If a very
ORDER NA FINE REMARKS. DATE WORK BEGUN FOREMAN. general or miscellanous record, detailed information as to typo of records
NAME V CLASSIFICATION OF WORK, contained and dates covered by each should be given. Unless contents of these
BACK OF CARD SHOWS PAVING RECORD GIVING CONSTRUCTION records are described by other forms 12-13AR, such forms should be filled out
ORDER NO. CHARGE TO, PAVING ORDER IVA, LOCATION,
WPA FORM 12-13HRRevised (See roverse side) 16-6419

6.	Contents—continued OVER, SOFT, AND OTHER NOTED INFORMATION, SEE ATTD CARD FOR FURTHUR DETAILS,
7.	Arrangement ALPHA BY STREET NAME (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing SEIF CONTAINED BY LETTERED TABRED CARDS, (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED & Handwritten printed form. PRINTED CARD (Handwritten: Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 4 DRAWFRS 6 12" X 8 10" X 17" FACH ADROX TOTAL 2500 CARds. (Of record or container. Height, width, thickness or depth. Average number of
	92 FILE BOXES 6"x9"x 13" FACH. AppRox.ToTA 19600 CARds.
	TO A Abbrox 22100 CARds.
11.	Location by dates and quantities 22 FILE DRAWFES IN CABINET BY NORTH (Room, vault, wall-N.E.S.W., section, bin, shelf,
	WALL IN VAULT NEAR ROOM 102 CITH HALL BLOG, AND 4
	DRAWFERS IN CABINET ON TABLE S.W. COR. ROOM 322 MUNICIPAL BLOF,
12.	Other information (Condition of record if not good. Relation to other records.
	Information on pricr, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
L3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# BUBEAU OF MECHANICA/ ELECTRICAL SERVICE.

Ado	LENDA. ITEM 4	Boom # 300 MUNICIPAL Blds.
	FILE DRAWER LABELED	•
/	0) //	1906
/	19	1907
/	. 11	1908
/	11 11	1909
_/_	11 11	1910
_/_	11	CURRENT 1910-1911-1912
	11 11	COMPLETED 1911
1	11 · A	1912
/_	n lı	11 1912
_/_	<i>'</i> 1	11 1913
	11	11 1913
_/_	.11	11 1913
	. 10 H	11 1913
1	11 /1	CURRENT 1914
1	11 11	COMPLETED A, TO E, 1914
	" " " " " " " " " " " " " " " " " " " "	1) F, To L, 1914
_/_	11 11	M. To Z, 1914
	и и	1915
/	11 /1	no Label
	1, ,,	NO. 1
/	11 11	NO. "

# BUNEAU OF MECHANICAL ELECTRICAL SERVICE

	CONDUIT DIVISION						
ADDENDA ITEMA ROOM # 322-MUNICIPAL RLDG							
			CURRENT 1933 - 1934				
1			CURRENT DRDERS 1932-1933				
1	19		11 1929 - 1932	331			
1	11.	14	1935-1936				
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	TUNETAL						

ORDER DATE Serial # 327 2/15/34 PAYMASTER

work ordered Aeplace defective cement block

0 & M (32-9) CHARGED TO ORDER No. FILED AS

REMARKS

CONSTRUCTION REPORTS SHOW: WORK BEGUN

GENERAL REMARKS

BY FOREMAN

MOVING CONSTRUCTION

HAULING DUCT

HAULING MATERIAL

HAULING DIRT

RODDING MEASURING

29

BRICK PAVING

ORDER RET'D

(OVER)

BY

BRICK PAVING STATING WORK

HAULING DIRT

RODDING

MEASURING

HAULING MATERIAL COMPLETED

(SIGN)

#### PAVING

ON

CONST.

CHARGE TO LETTER REMARKS: PAVING APPROX. DATE OVER LOCATION ORDER NO. SQ. FT. REPTD.C.E. 10 OPP 9-11-13 WILEXINGTON J. TCH 4-10-31 26-0 3.0 VIT. BRUN (OVER)

_	
600	BALTIMORE PITY State MD.
Nam	e of agency or office RUREAU OF MECHANICAL FIECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Add	ress of office of custody Room 320 Musicipal BLDF. (Name of building, room number, street address)
1.	Title "RFPAIR ORDERS"  (Give present full title in quotes; assigned title, if any, in brackets.
	If record has had other titles, list them with dates or quantities or both)
	Dates 19/5 — 19/5 (Earliest and latest dates; missing dates. Show exact date of breaks)
3.	Quantity / F//F Box ANd 3 BUNDES. (Number of volumes; file drawers; file boxes; bundles; other)
4.	[Explain fully; years; numbers; lotters; number of records so labeled)
5.	Discontinued and missing records (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
C	missing, if possible)  SHOWING
0.	Contents CONSISTS OF REPAIR ORDER DATE ORDER RECEIVED (Purpose and general nature of record. Principal items of information
e d	Shown. Summary of forms used in making record, their headings, etc. If a very
/	ARTICLE REPAIRED MATERIAL USED LETTER AND NUMBER general or miscellaneous record, detailed information as to type of records
-	AND TIME OF REPAIRMAN AND SIGNATURE OF contained and dates covered by each should be given. Unless contents of these
,	PARTY MAKING REPORT. records are described by other Forms 12-13HR, such forms should be filled out
S.	and attached)
WPA	FORM 12-13HRRevised (See reverse side) 16-6419

6.	Content s-eontinued
	EINTORS SATISFIED BY COMPANY OF THE STATE OF THE SATISFIED BY COMPANY OF THE SATISFIED
7.	Arrangement CHRONO, BY DATE OF ONDER (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Handwritten PRINTED FORMS (Handwritten Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Givo months
	and years covered by each kind of writing)
10.	Sizo / FILE BOX /2"x/2"X 3" - ABBROX 2200 ORDERS 3 bundle. (Of record or container. Height, width, thickness or dopth. Average number of
	1/2" X 9" X 14" EACH AppROX. ToTA/ 250 ORDERS pages or documents)
	GRAND Approx. ToTAL 2450 ORDERS.
11.	Location by dates and quantities  F   E BOX   H BIN NO. 24   3 Y SAUTH WALL AND (Room, vault, wallN.E.S.W., section, bin, sholf,
	3 BDLS. IN CABINET NO. 5 BY WEST WALL IN VAULT ROOM NEAR eabinet, on floor)
	ROOM 102 CITY HALL BLOE.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

REPAIR ORDER

R	Peceived from	Date Received		
L	Delivered to NORTE	Date Finished	lant y	493
NO.	ARTICLE REPAIRED	MATERIAL USED	LETTER AND NUMBER	TIME
1-	Miafung	J- 43 Durchton	7215	12
3-	2/2 hipple x12"	34 Pope SA	274-	5-
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NOTE:-TO BE RETURNED TO THE OFFICE THROUGH THE STOREKEEPER

BALTIMORE	CITY	_ State <i>M_Z</i>	),	
Name of agency or office (Offi	REAU DE ME	CHANICAL E	EETRICAL S	ERVICE
Address of office of custody_	ROOM	320 MUNICI	PAL BLDE	
	(Name of	building, room	number, street a	ddress)
1. Title	HAP PD	DER otes; assigned to		
(Give present fu	ll title in qu	otes; assigned to	itle, if any, in	brackets.
If record has had other	r titles, list	them with dates	or quantities of	r both)
2. Dates 19	37 ON	; missing dates.		• .
3. Quantity 5 Bund (Number of	ES. volumes: file	drawers; file bo	oxes; bundles; c	other)
		; lctters; numbe:		
(Explain fully;	years; numbers	; lctters; number	r of records so	labeled)
5. Discontinued and missing r	ecords	NONE		
	(lf r	MONE ecord discontinuo	ed, give reason	and state
whether same informatio	n shown in ano	ther record. Ex	plain why record	sarc
•	, . <del>.</del>			
missing, if possible)	-			
6. Contents <u>PONSISTS OF</u> (Purpose and ge	NIER-D	E PARIMENT f record. Princ	ipal items of in	ORDERS formation
FOR WORK TO BE D shown. Summary of form	ONE OR /	MATERIAL 7 ng record, their	headings, etc.	NISHED B
SHOPS SHOUTING	DATE AC	COUNT NO.	as to type of r	AR NO,
ORDER NO. FOREN	MAN SHO erod by each s	A LETTER BI hould be given.	Unloss contents	enplon of
WORK TO BE DOME records are described b	y other Forms	DE PARS 12-13HR, such for	TF ISSUING	ORDER.
ALSO PONTAINS RE and attached)	PORT OF	NSPECTOR GI	VING DATE	AND
WPA FORM 12-13HRRevised	(Soe	reverse side)	16-6	419

Indexing NONE  (Sclf-contained-describe what it shows. If separate, fill out a form for i and place cross reference here to that form by title and identification number)  Writing Haw ON Printed Form Handwritten printed head. Typed.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed printed form. Typed printed head. Printed. Photostat. Other. Give month and years covered by each kind of writing)  Size 5 BOLS. 3" X 7" X 9" EACH. POROX.1000 ord (Of record or container. Height, width, thickness or depth. Average number of EACh. FAROX. GRANCTOTA 5000 ord ERS.	Content s-con	tinued JASPE	TORS NAM	AE, BOTT	om of or	DER SHA
Arrangement NON BY NO DE DEDE 12  (Chronologically-by what? Numerically-by what? Alphabetically-by what?  Indexing (Self-contained-describe what it shows. If separate, fill out a form for i and place cross reference here to that form by title and identification number)  Friting Haw ON PRINTED FROM  (Handwritten Handwritten printed form. Handwritten printed head. Typed  Typed printed form. Typed printed head. Printed. Photostat. Other. Give month  - and years covered by each kind of writing)  Size S BOLS. 3"X 7"X 9" EACH. A DROX 1000 CRd  (Of record or container. Height, width, thickness or depth. Average number of  EACh. Habrox 9RANCTOTAL SCOO ORDERS.  DORNER OF ROOM ON TOP FLOOR OF SHOP RIDE  Cabinet, on floor)  TAY ST. YARD,  There information (Condition of record if not good. Relation to other records.  Information on price, subsequent, or similar records. Whether record is known to have been kept carlier than dates shown in item 2)  For use in Florida.) Early imprints (Author) (Publisher)			. 6	MED, D	ATE COM	PARTED A
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BUREAU OF MECHANICAL TELECTRICAL SERVICE

# 222

#### SHOP ORDER

No. 13452

	DATE 9-4-37
FOREMAN J. Carl	ACCOUNT 4/-1/2
SHOP	W. O. NO. 1279
BUREAU MEHL ELERT	CAR NO. 93 NEW
DESCRIPTION OF WORK TO BE PERFORMED	TTER FURNISH
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ISSUED BY	090
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Shouperior System-Autographic Register Co., Ball	dimore, Md. PAT'D. NO. 1.534.478

BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL FIFITHIEAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)
1. Title WORK ORDER (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1938 —  (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / ORDER Book. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
PRIOR RECORDS DESTROYED ACCORDING TO MR.MCCO) whother same information shown in another record. Explain why records are
PLANT MANAGER missing, if possible)
6. Contents CONSISTS OF WORK OBDER ISSUED BY PLANT (Purpose and general nature of record. Principal items of information
MANA DER AT INCINERATOR NO 2 shown. Summary of forms used in making record, their headings, etc. If a very
ORDER SHOWS DEDER NO ACCOUNT NO TO FOREM
LOCATION OF WORK NATURE OF WORK COMPLAINTAN. contained and dates covered by each should be given. Unless contents of these
DATE AND TIME OF ORDER AND SIGNATURE OF PLANTICE OF PL
MANAGER. ORDER OLSO SHOWS REPORT OF INSPECTOR
WPA FOR 12-13HRRevised (See reverse side) 16-6419

6. Contents continued GINING DATE, TIME, AND INSPECTORS	and the same
NAME, WHEN WORK HAS BEEN FINISHED THE FOREMAN	IN
CHARGE COMPLETS THE RECORD BY SHOWING DIS	CRIPTIO
OF WORK, PAYING PERMIT NO. DATE STARTED & FINISHED SEE FOR	M ATTD
7. Arrangement NUM BY ORDER (Chronologically-by what? Numerically-by what? Alphabetically-by what?)	-
8. Indexing (Self-containeddescribe what it shows. If separate, fill out a form for it	•
and place cross reference here to that form by title and identification number)  9. Writing Holds ON PRINTED FORM (Handwritten. Handwritten printed form. Handwritten printed head. Typed.	
Typed printed form. Typed printed head. Printed. Photostat. Other. Givo months	
and years covered by each kind of writing)	_
10. Size   BOOK 9" X 6 2" X 1/4" CONTRINING & WORK (Of record or container. Height, width, thickness or depth. Average number of	
pagos or documents)	
ll. Location by dates and quantities ON DESK BY WEST WALL IN (Room, vault, wall-N.E.S.W., section, bin, shelf,	
OFFICE OF INCINERATOR No 2, PHILADELPHIA RO	AD.
12. Other information (Condition of record if not good. Relation to other records.	
Information on prior, subsequent, or similar records. Whether record is known	
to have been kept earlier than dates shown in item 2)	
L3. (For use in Florida.) Early imprints (Author) (Publisher)	
(Place of publication) (Date of publication)	

FORM NO. 21

M.D.B. 2440

BUREAU OF MECHANICAL - ELECTRICAL SERVICE

223

### WORK ORDER

N. G	00		2675 %
7/1	he Elevy	11	ACCOUNT
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	to trans	COMPLAINAN	т /
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REPORT OF INSPEC	CTOR		A A
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DATE	TIME	SIGNED	INSPECTOR
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Sust Flori		11//	
PAVING PERMIT_			
	TIME	DATE COMPLETE	TIME
DATE STARTED			DTIME
BILL WORK: YES_	NO	SIGNED	FOREMAN

TRIPLICATE

BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVI (Office of custody) (Office which made the record, if different
Address of office of custody Room 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1 Title // Wang Oppen
1. Title WORK ORDER  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates JAN 1934 TO MARCH 1931 INCL. (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity /- Bundle. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE.  (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE.  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents <u>PONSISIS</u> OF <u>WORK ORDER ISSUED BY MANAB</u> (Purpose and general nature of record. Principal items of information
OF LIGHTING DIVISION AT FAY ST. YARD, shown. Summary of forms used in making record, their headings, etc. If a very
THIS IS THE SAME FORM AS DECRIBED IN SERIAL general or miscellaneous record, detailed information as to type of records
223. SFE THAT SERIAL FOR DETAILS OF CONTENTS contained and dates covered by each should be given. Unless contents of these
COPY OF FORM HEREWITH, records are described by other Forms 12-13HR, such forms should be filled out
and attached)
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued_
	HETSTACK ALCOHOLOGY - IV. A RESIDENCE OF THE STREET
7.	Arrangement CHROND, BY DATE OF ORDER - NUM, BY ORDER NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Sclf-contained-describe what it shows. If separate, fill out a form for it,
9.	writing Haw ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Sizo BDL, 2" X 6"2" X 9" Abbrox. To A 1100 order. (Of record or container. Height, width, thickness or dopth. Average number of
	pages or documents)
11.	Location by dates and quantities ON TOP OF CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, sholf,
	WALL IN LIGHTING DIVISION STORE ROOM GAY ST. cabinet, on floor)
	YARD.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on price, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of sublination)
	(Place of publication) (Dato of publication)

FORM NO. 1

BUREAU OF MECHANICAL - ELECTRICAL SERVICE

M.D.B. 2440

224

FOREMAN

WORK ORDER

Nº 49	55 WUKK (		12/13
FOREMAN	Russell Hay St		COUNT
NAMENATURE OF WORK	ADDRESS.	for Month of	March
DATE 3-2-3	6 TIME	COMPLAINANT ISSUED BY	Gonard
REPORT OF INSPE	CTOR		
DATE	TME	SIGNED	INSPECTOR
DESCRIPTION OF	work		
DATE STARTED		DATE COMPLETED	TIME

Cow	BALTIMORE CITY State MD.
Name	e of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Addı	(Name of building, room number, street address)
. 7	Fitle WORK ORDER (Give present full title in quotes; assigned title, if any, in brackets.
-	If record has had other titles, list them with dates or quantities or both)
2. I	Dates 1933 — . (Earliest and latest dates; missing dates. Show exact date of breaks)
3. (	Quantity /-Bundle (Number of volumes; file drawers; file boxes; bundles; other)
l. 1	(Explain fully; years; numbers; letters; number of records so labeled)
. I	Discontinued and missing records NONE (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
-	missing, if possible)
5. (	Contents CONSISTS OF WORK ORDER ISSUED BY HEAD OF CONDU
I	Shown. Summary of forms used in making record, their headings, etc. If a very
2	HIS IS THE SAME FORM AS DESCRIBED IN SERIALS WOS 223 general or miscellaneous record, detailed information as to type of records
2	contained and dates covered by each should be given. Unless contents of these
C	records are described by other Forms 12-13HR, such forms should be filled out
-	and attached)
PA	FORM 12-13HRRevised (See reverse side) 16-6419

Contents-continue		<del></del>			<del></del>
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Indexing	NONE ained-describe what			· · · · · · · · · · · · · · · · · · ·	<del></del>
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and all as in the				`	··
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Twocd printed for	rm. Typed printed h	and Printal	Dhotostat	0+b C:.	·a mant
-Now bringer 101	m. Typer hrinned r	ioau. rrinted	· rnocostat.	oner Giv	· MOIIT
and years covered	I by each kind of wr	viting)			
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(OI record or 6	container. Height,	width, thickn	ess or depth.	Average num	ber of
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pagos or document	s)	7			
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Information on m	rior, subsequent, o	r cimilen moss	rde Whatha	n nacond is is	nour
· ·		- Similarda ECCC	, Lub. Wife file	I ICCOIG IS R	
to have hear leas	t carlier than date			······································	
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ror use in florida	) Early imprints_	(Autho	or)	(Publisher)	·····
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(D)			<del>- 75</del>		
(trace of b	ublication)	, , , , ,	(Date of pu	blication)	

No		

BILL WORK: YES\_

WORK ORDER Serial 225

N:		183	ACCOUNT
FOREMAN			ACCOUNT
LOCATION			
NAME		ADDRESS	E TENENTE E
NATURE OF WORK			
		COMPLAINANT_	
DATE	TIME	ISSUED BY	
REPORT OF INSPECTOR			
DATE		SIGNED	INSPECTOR
DESCRIPTION OF WORK_			
PAVING PERMIT			
		DATE COMPLETED_	y

TRIPLICATE

SIGNED

Same by	BALTIMORE	CITE State MD.	
	and the second s	A THE REST AND COMMENT OF THE PARTY OF THE P	ade the record, if different)
Address	s of office of custody_	ROOM 320 MC (Name of building, room	
1. Titl	le // /NTERDE	FPARIMENIAL WO.	RK ORDER itle, if any, in brackets.
	To the state of th		or quantities or both)
2. Date	(Earliest and	l latest dates; missing dates.	Show exact date of breaks)
3. Quen	ntity / DRAWER (Number of	volumes; file drawers; file b	oxes; buniles; other)
4. Labe		NONE years; numbers; letters; numbe	
5. Disc	continued and missing re		ed, give reason and state
-	whother same information	n shown in another record. Ex	plain why records are
I	missing, if possible)		
6. Conf	tents <b>CONSISTS</b> C (Purpose and ger	F   NIERDEPARTMENTAL heral nature of record. Prince	ipal items of information
DE	TAILS OF AGREEN	MENT REACHED AS TO	DIANTITY DISCRIPTION headings, etc. If a very PRICE, TERMS ETC., VAM as to type of records
OF	PARTY ISSUING contained and dates cover	ORDER AND NAME ared by each should be given.	Unloss contents of these
SA	Cords are described by	copy of FORM other Forms 12-13HR, such fo	ATTD. rms should be filled out
	and attached)		
WIA FUL	Ni 12-13FRRevised	(Sec reverse side)	16-6419

6.	Contents—continued_
	Annual in tensor training research
7.	Arrangement NUM BY ORDER NO. (NOT CONSEQUETIVE) (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it
	and place cross reference here to that form by title and identification number)
9.	Writing Halls & TYPED ON PRINTED FORM. (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / DRAWER /2" X 14" X 24" Abbrox. ToTA 4800 (Of record or container. Height, width, thickness or depth Average number of
	pages or documents)
11.	Location by dates and quantities / N CABINET IN S.E. CORNER (Room, vault, wall-N.E.S.W., section, bin, sholf,
	SHOP OFFICE GAY ST. YARD.
12	Other information
	(Condition of record if not good. Relation to other records.
	Information on price, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

FORM UZ COA M.D.B. 3916 CITY OF BALTIMORE					
	BUREAU OF DELUTER	v ·			
La		ORDER NO	5802		
/,	INTERDEPARTMENTAL WORK	ORDER /			
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	RNISH, SUBJECT TO INSPECTION AND APPROVAL, FOR USE	TO BE RETURNED WITH BILL			
QUANTITY	DESCRIPTION				
	SHOW DETAILS IN REGARD TO AGREEMENT REACHED	OVERING PRICE ITERMS, FTC.			
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WORK ORDER	? No				

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BUREAU OF

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#### INTERDEPARTMENTAL WORK ORDER.

EALTIMORE, MD.

PERSON PURSUENT SUBJECT TO INTELLIFICH AND ASSESSMEN, FOR LIFE

DIE CHERT STORE SHOWS CONTRACT TRESIDEDA OT DRACTS OF SAKTA WOLLS

County BALTIMORE C	171 State MD.	611 90 nd = (120)
Name of agency or office BURE (Office o	Au OF MECHANICAL f custody) (Office which mad	EIFCIRICAL SERVICE e the record, if different)
Address of office of custody	(Name of building, room nu	mber, street address)
1. Title // WOA	RK ORDER'' itle in quotes; assigned tit	le, if any, in brackets.
If record has had other ti	tles, list them with dates o	r quantities or both)
2. Dates /934 (Earliest and la	test dates; missing dates. S	how exact date of breaks)
3. Quantity / DRAWFR (Number of vol.	umes; file drawers; file box	es; bundles; other)
4. Labeling (Explain fully; year	s; numbers; letters; number	of records so labeled)
5. Discontinued and missing record		
PREVIOUS ORDE whether same information sh	THE RESIDENCE OF THE PARTY OF T	
missing, if possible)		(set)
6. Contents <u>CONSISTS</u> OF (Purpose and genera	1 nature of record. Princip	al items of information
SHOWS LOCATION Shown. Summary of forms us	od in making record, their h	EMARKS, WORK eadings, etc. If a vory
ORDERED BY REGISTER OF MISCELLANCOUS TO	eord, detailed information a	AK DONE BY, AND s to type of records
JNSPECTED BY contained and dates covered	PEPORT OF DEFE by each should be given. U	nloss contents of these
MATERIALS USED / records are described by other	S No TEO ON REVE her Forms 12-13HR, such form	ASE SIDE OF should be filled out
ORDER. SEF Co	OPP OF FORM AT	TTD.
WPA FORM 12-13HRRevised		

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and place one	an mafahanan kana I	- 41 - 1 - 8 1 - 1			
and prace cro	ss reference here t	to that form b	y title and iden	tification num	per)
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cabinet, on information	condition of r	ecord if not and or similar	good Relation	4 Y ST Y	CARD.
cabinet, on information	tes and quantities  D/V/S/O/ floor)  on  (Condition of r	ecord if not and or similar	good Relation	4 Y ST Y	CARD.
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cabinet, on information	condition of r	ecord if not and or similar	good Relation	4 Y ST Y	CARD.
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### GAS - ELECTRIC

BUREAU OF MECHANICAL - ELECTRICAL SERVICE

LIGHTING DIVISION

# 227.

## WORK ORDER

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Ordered By	Gal	diel	( )	1771	39	
	as	4/24				
Referred To	21			1/	141	110
Work Done By	VY	gu	_	//	9/1	10
Inspected By	- (	/				

Note: Use reverse side to report any defective work found, also for all material needed.

MDB 7160

DEICHER-PEUTON
(Worker's full name)

10-25-39

Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

ලිය	BALTIMORE CITY State MARYLAND
	ame of agency or office Rureny of MECHANICA FECTRICA SERVICE (Office of customy) (Office which made the record, if different)
	Idress of office of custody Room 320 MUNICIDE Bldg. (Name of building, room number, street address)
1.	Title Find oute's RETIREMENT Aphlication Cobut (Give present full title in quotes; assigned title, if any, instructes.
	If record has had other titles, list them with dates or quantities or both)
2.	Dates 1926 — (Earliest and latest dates; missing dates. Show exact date of breaks).
3.	Quantity   - Folder.  (Number of volumes; file drawers; file boxes; bundles; other)
4.	Labeling Now E  (Explain fully; years; numbers; lotters; number of records so labelod)
5.	Discontinued and missing records NoNE.  (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
	missing, if possible)
6.	Contents to der contains abblication cobies for retirement of Bur.  (Purpose and general nature of record. Principal items of information)
	MECH. Elec. SERVICE EMPLOYEES. The Abblication shows NAME EmployEE shown. Summary of forms used in making record, their headings, etc. If a vory
	YARIOUS CITY de LTS WORKED, DATES FROM AND TO. AND SALARY DER YEAR. RATE general or miscellaneous record, detailed information as to type of records
	CERTIFICATE Shows NAME of EMBloyEE SALARY AND BENSION fund de du contained and dates covered by gach should be given. Unless contents of tycsc
	HNd Act. No. Tally sheets show employee NAMES Debt. Employees No. records are described by other Forms 12-13/1R, spen forms should be filled out
	AMOUNT of SALARY DER YEAR AND DENSION LUND deductions
WP. Se	A FORM 12-13HRRevised (See reverse side)  EE ATTACHED FORMS. Note form 15 Not the Identical form Referred to 1.
Ē	Applications on this form. The only dillerence is that The old lore

6.	Contents-continued WAS REPLACED by The ONE ATTACHED AND HAS THE
	SAME INFORMATION ONLY THE OTHER FORM WAS ON PAPER AND THIS
	ONE IS ON GARD BOARD. D. HERENCE IN SIZE.
	THE PROPERTY OF THE PARTY OF TH
7.	Arrangement HI bh R by N/7 ME of EMploy EE. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing None (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Hdw. on how ted lorm.  (Handwritten Printed form. Handwritten printed head. Typed.
	theman. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
170	
10.	Size 1-FoldER 1"X10"X13" AbbRox. ToTA 200 Abbli. (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantitics 2 Nd Row Row Tob IN 5th bin Row EAST WA (Room, vault wallN.E.S.W., section bin, sholf,
	by south WALL IN VAULT. NEAR ROOM #318 MUNICIPAL bldg.
10	OLD CONTRACTOR OF THE PROPERTY
16.	Other information (Condition of record if not good. Relation to other records.
. •	
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
•	
12	
. •د• .	(For use in Florida.) Early imprints (Author) (Publisher)
	- (Place of publication) (Date of publication)

# EMPLOYEES' RETIREMENT SYSTEM OF THE CITY OF BALTIMORE BALTIMORE, MARYLAND.

#	2	2	8
41			

	, 19
Department	
Bureau	Payroll Code
In re: Certificat	tion of rate of deduction for
	Reg. No.
	of the deduction from compensation to be made by the above-named by the Board of Trustees of the Employees' Retirement System of the
City of Baltimore as	per centum, group
On the basis of the	employee's present earnable compensation of \$
	mount of the deduction is \$
Should the compensa-	tion of the employee be increased, the rate per centum will remain the

Should the compensation of the employee be increased, the rate per centum will remain the same, but the amount of the deduction will necessarily be increased proportionately.

Auditors handling the payroll of this employee should change the amount of deduction from compensation as the employee's earnable compensation changes. Persons making the change should bear in mind that under the law the amout of deductible compensation for the payroll period for any employee must always be based on the compensation earnable by the employee on the first day of the period for which the deduction is to be made and changes taking effect other than that day should be disregarded until the next payroll period.

This rate of deduction is certified by the Board of Trustees in accordance with the law establishing the Employees' Retirement System of the City of Baltimore, which requires that deductions shall be made from the compensation of members of the retirement system.

I Secretary

#228

Form 1—Enrollment Blank (Please fill out this blank in ink) MDB—1707.

Reviewed for Retirement System by.....

EMPLOYEES' RETIREMENT SYSTEM

OF THE

#### CITY OF BALTIMORE

TO THE BOARD OF TRUSTEES:

In order that I may be properly enrolled in the Employees' Retirement System of the City of Baltimore, I have carefully and truthfully filled out the following form. I understand that the full amount of deductions from my compensation for annuity purposes, with compound interest at the rate provided for in the ordinance governing the Retirement System, will be returned to me if I leave the service without a retirement benefit, or will be paid to my beneficiary if I die from ordinary causes.

Ret. No	
With No	
Term No	

	1	nenciary ii	1 de from Ordinary	tauses.						<u> </u>				
1	Name						8		y (X) Sex		Male [ ]		nale [	]
2	Home	address	(Please Print	Name)			Dat	a re possíble l	eneficiaries. If either parent not living, write word "deceased" in					in space
	Home	address		<del></del>			— в	Beneficiary		Name			te of Bi	
				·	<del></del>			7	<del></del>	<del></del>		Mo.	Day	Year
		·					9	Self						
3.	Depar	tment		В	adge No.		10	Wife or Husband				-		
	Burea	u or Offic	e.				11	Children living						
	Institu				•	· · · · · · · · · · · · · · · · · · ·		younger than 18						
	Comm				··········			years.			<del>-,</del>			ļ 
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	Receiv	ed \$	per ha	lf-month [	Without M					· · · · · · · · · · · · · · · · · · ·				
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6	Preser Date v	t rate of	maint, allowance	, if any	% of sal	ary per year	•	·						
7	cont	inuous se	your present rvice in departme	nt.	:	·	12	Father		·				
	Sing	le [ ]	Marital Condition Married [ ]	Widowed	[ ] Di	ivorced[]	13	Mother					,	
14			ements are true t	o the best	of my kn		(Sign		applicant)					
15		Withdra	awals Record	Date	Amount	16 Record		inges in Be	eneficiaries	<del></del>	<del>,,</del>			
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(Fill Out Reverse Side)

19. DESIGNATION OF BENEFICIARY.
I, the undersigned, do hereby designate
as the beneficiary to whom I request the Board of Trustees of the Employees' Retirement System of the City of Baltimore to pay the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the retirement system.
I further designatewhose address is
1 further designate
as the beneficiary to whom I request the Board of Trustees to pay the ordinary death benefit payable on my account should I die active service.
(Only a person having an insurable interest in your life, such as a member of your family or relative, or a creditor. If no beneficiary is named payment will be made to estate.)
I further designate, whose address is
and whose relationship with me is father mother. as the beneficiary to whom I request the Board of Trustees to pay the accident
death benefit (in lieu of the ordinary life insurance benefit) which would accrue to me should I die as the result of an accide in the performance of duty, and leave no widow or child under the age of eighteen years surviving me.
NOTE:—Under the provisions of the Ordinance creating the Employees' Retirement System the accidental death benefit must be paid to surviving widow or child under the age of eighteen years. The above election will hold good only in the event of your accidental death, in line of duty, leaving no widow or child under the age of eighteen years surviving you.
State of
On this
named to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same, and being duly sworn by me, may oath that the statements in the application are true.
(Signature of Notary Public)

After you fill in the information desired in items 1 to 14, and in item 19, you should acknowledge your signature before a Notary Public.

Notary Public.

Delcher-Peyton 10-23-39. No. 229
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

county Baltimore C	ity State Mary	eland
Name of agency or office 7000	of custody) (Office which made	the record, if different)
Address of office of custody	(Name of building, room numb	er, street address)
	tiple in quotes; assigned title	
2. Dates	itles, list them with dates or	nes at Ivener 20)
	atest dates; missing dates. Sho	Dennis Victoria
	PA	117 ( 7 1 1) 11 1
5. Discontinued and missing reco	ords (If record discontinued,	give reason and state
whether same information :	shown in another record. Explai	
missing, if possible)		AND SAME THE REAL OF THE PARTY
N++ P	rai nature of record. Principal	PM!
Conduits in C	regord, detailed information as	de By Chief
contained and dates cover.	ELECTRICAL Cod by each should be given. Unl	OMMISSION ess contents of these
SHOW INF LOCAT	JON BY STREETS ther Forms 12-13HR, such forms	Should be filled out
SYSTEM, and attached)		,
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents continued
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
3.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing (Handwritten, Handwritten printed form, Handwritten printed head, Typed,
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
).	Size   BINDER 10"X 10"X 1" PAROX. 60 Photo's & REPORTS.  (Of record of container. Height, width, thickness or depth. Average number of
	pages or documents)
•	Location by dates and quantities 2nd Pow From Top in 2nd Bin (Room, vault, wall-N.E.S.W., section, bin, sholf, cabinet, on floor)  Room Wallin Vault Near People
	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
و ما	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MD.	
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SEA (Office of custody) (Office which made the record, if different	ent)
Address of office of custody ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)	
1. Title CONTILIT RENTAL RECEIPTS (Give present full title in quotes; assigned title, if any, in brackets.	
If record has had other titles, list them with dates or quantities or both)	
2. Dates 1900 — 1912 (Earliest and latest dates; missing dates. Show exact date of breaks	5)
3. Quantity / VOLUME, (Number of volumes; file drawers; file boxes; bundles; other)	
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)	
5. Discontinued and missing records  None  (If record discontinued, give reason and state	
whether same information shown in another record. Explain why records are	
missing, if possible)	
6. Contents CONSISTS OF FNIRIFS SHOWING RECEIPTS (Purpose and general nature of record. Principal items of information	
BY MONTH AND YEAR FOR RENTAL OF CONDUIT SH shown. Summary of forms used in making record, their headings, etc. If a very	ACE
general or miscellaneous record, detailed information as to type of records	D
EROM EACH FIRM MONTHLY AND YEARLY contained and dates covered by each should be given. Unless contents of those	<b>,</b>
AND A SUMMARY BY YEARS BY FIRM NAMES, records are described by other Forms 12-13HR, such forms should be filled out	
and attached)	
WPA FOR 12-13HRRevised (See roverse side) 16-6419	

6.	Contents-continued
7.	Arrangement CHRANA BY DATE OF PERSION - ALDHA BY WAME AS FIRM
	Arrangement CHRONO, BY DATE OF RECEIPT, -ALDHA BY MAME OF FIRM (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing SELF CONTAINED BY LETTERED TABBED PAGES (Self-contained-describe what it shows. If separate, fill out a form for it,
	SHOWING FIRM NAME and place cross reference here to that form by title and identification number)
9.	Writing Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / YOLUME 14"X9" X 1" TOTAL 175 bages.  (Of record or container. Height, width, thickness or depth. Average humber of
	pagos or documents)
11.	Location by dates and quantities /// CABINET NOI BY WEST (Room, vault, wallN.E.S.W., section, bin, shelf,
	WALL IN VALUET ROOM NEAR ROOM 102 CITY cabinet, on floor)
	HALL BLDG.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(man or heartenant)

Delcher Perton 10.2-39 (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Baltimore City State Mary land
Name of agency or office Bureau of Mechanical Flectrical Service (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320, Municipal Office Bldg.  (Name of building, room number, street address)
1. Title (Give present full fittle in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / Boundary of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; lotters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF IFDEER SHOWING LAMP FINES COLLECTED  (Purpose and general nature of record. Principal items of information
By Day's and Mark, Page Headings, etc. If a very shown. Summary of forms used in making record, their headings, etc. If a very
general or miscellangous record, detailed information as to type of refords
Name of Manth and Year It Shows in Left Hand Calumn For contained and dates covered by each should be given. Unless contents of these
Vassification The Name of Various Types Lamp Entries Ar
Made Daily in The Dated Column For Day of Entry On Line
WPA FORM 12-13HRRevised (See reverse side) 16-6419
orresponding to Proper Classification; Items Are Totaled At
Corresponding To Proper Classification; Items Are Totaled At The End of The Month Shawing Total Amounts of Fines Collect. Whe Fines Represent Refunds For Cases Where Lights Were Out

	6. Contents—continued and When	re Certain Lie	ahts Were Discon
red Fo	r Various Preasons Ten		
From !	The Company Supply	ing Current	To The hights
пере	7. Arrangement (Chronologically-by what	Numerically-by what?	Iphabeticallyby what?)
	8. Indexing (Solf-contained-describe who		
	and place cross reference here to the grant of the grant	sed On Prin	Ted Puled Pages
	Typed printed form. Typed printed	head. Printed. Photosta	at. Other. Give months
	and years covered by each kind of value 15% (Of record or container. Height,		91N/NG 200 bages.
	pages or documents)		ENTERNAL DIVINING SE
	11. Location by dates and quantities (Rocation by dates and quantities (Rocation by Br. No.	on, 5th Bin France, wall-N.E.S.W.,	section, bin, sholf,
	Ream 318 Munic	ipol Office	Blda.
	12. Other information (Condition of recording Information on price, subsequent,	d if not good. Relation	to other records.
	to have been kept earlier than dat		
	13. (For use in Florida.) Early imprints	(Author)	(Publisher)
1-1.00	(Place of publication)	(Date of	publication)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

BALTIMORE	CITY	State_	M,D.		
une of agency or office	BUREAU O	F MECHAN	ICAL ELECTRIC	AL SERVICE	<del></del>
(0	office of cus	tody) (Office	which made the	record, if differ	ent)
dress of office of custo	dy Ro	on 32	MUNICIPA	L BLDE	<del></del>
	(lia	me of building	g, room number,	street address/	
Title (NOTIFICA	TIAN 05 0	2000000		WATAKEDIAM	
(Give present	full title	in quotes; as	signed title, it	WRECKED LAMI any, in brackets	
If record has had o	ther titles,	list them wi	th dates or quar	tities or both)	<del></del>
Dates /934	70 100	4 1 100			
(Earliest	and latest	dates; missin	dates. Show en	act date of break	s).
Quantity 9 / TRANCE	ER CASE	<b>S</b> .			
Quantity 2/ TRANSE (Number	of volumes;	file drawers	; file boxes; bi	mdles; other)	
Labeling SEF.	ADDEA	/ DA			
Labeling SEF (Explain full	y; years; nu	mbers; letter	s; number of rec	ords so labeled)	
Discontinued and missir	g re <b>c</b> ords	NONE			
		(If record di	scontinued, give	rcason and state	
whether same informs	tion shown i	n another ree	ord. Explain w	v records are	
,			<u>-</u>		
missing, if possible					
				5	
Contents CONSIST	general nat	T) F/CAT/ ure of record	Principal ite	ms of information	LEC.
AND AMERICAN shown. Summary of i	orms used in	moking recor	i, their heading	s, etc. If a ver	: <i>ЕКГ</i>
WARK HAS BE	EN PON	PIETEN	MATIEE "A	PELATEC T	<b>"</b> ^
WORK HAS BE general or miscellar	cous record,	detailed inf	ormation as to t	ype of records	L. S
WRECKED OR	DEFECTI	VE LAM	PS SHOW!	NE DATE	WOR
WRECKED OR contained and dates	covered by o	ach should be	given. Unless	contents of these	,
		_	44.		
COMPLETED records are describe	d by other F	ores 12-13AR	of Service such forms show	AND IN	SOME
	, ,				
CASES CORRES	PON DENI	•F RFGA	RDINE WIN	OK IS ATTA	CHFI

	Contents—continued 10 NOTIFICATIONS.
	Arrangement ALPHA BY STREETS. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-contained-describe what it showsIf separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
	Writing TYPED ON PRINTED FORMS & LETTER HEADS. (Handwritten. Hundwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	Size 21 TRANSFER CASES 13" X 9" X 31/2" EACH TOTAL (Of record or container. Height, width, thickness or depth. Average number of
	Approx. 10000 Notifications.  pages or documents)
	Location by dates and quantities /N 3DB/N FROM EAST WALL 47H (Room, vault, wall-N.E.S.W., section, bin, sholf,
	ROW FROM TOP BY NORTH WALL IN VAULT NEAR ROD Cabinet, on floor)
	318 MUNICIPAL BLDG,
,	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

## Bureau of Mechanical - Electrical Service

		EM 4	Vault by Room # 318 Municipal Bldg: # 232
1	Case	labeled	Completed Work Orders Van. 1934 to Dec. 1984 A.L. Co. + G. FE. Co.
. /		· ·	Completed notices AL. Co G. + E. Co. Uan. 1, 1934 - Dec. 31, 1934.
_ /	I	H	Wreeked G. * E. Lamps A-1934. +0 H-1934, Incl.
1		4	" " " I-1934 to Z-1934, Incl.
1			Notices to. A.L. Co + G. + E. Co. Wrecks Van. 1935
	1		Completed G. + E. Co. Work Orders - Jan. 1, 1935 to Dec. 31, 1935
1.	N		Wrecked Git E. Co. Lamps A-1935 to K-1935, Incl.
1	11/11/2	· W	L-1935 to Z-1935
	/6		L-1935 to Z-1935  Vuly 31,1935  Notice of Work Orders from A.L. Co. G. F. Co. Jan. 1, 1935 to
1	A		" ' G. + E. Co. Oct. 1, 1935 - Vune 30, 1936
1	N. C.	h.	G. & E. Co. notice of Work Orders Unly 1, 1936 - Dec. 31, 1936
1	0		A.L.Co. + G. YE. Co notices of wrecked lamps-Mar. 1, 1936 to
1	8		Wrecks G. 4 E. Co. A -1936 to G-1936, 10cl.
1	4		" " H-1936 to Z-1936
1	1		Completed G. + E. Co. Work Orders, Jan. 1, 1936 to Da. 31, 1936
1	1,	14	Work Orders for Git E. Co. lamps A-Hinch 1937 installed Trans
	11	4	" J-Z 1937 " "
_/	11	<i>*</i> -	A.L.Co. 4 G.+ E.Co. Ugn.1,1937 - Dec 31,1937.
1	1-		G. + E. Co. notices of Work Orders. Jan. 1, 1937 - June 30, 1937
1	1,	di	Notices of A.L. Co. + G. + E. Co. Work Order Jul. 1, 1937 - Dec. 31, 1937
1	11	11	" " " " " " " " " " Jan 1,1938 - June 30 1938
	165		

Delcher-Mach-Dilwerth 1-17.40 No. 233
(Worker's full name) (Date) (Form identification number)

# WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

*		
Baltimore C	it State Mar	yland
Name of agency or office Bur	f custody) (Office which made	the record, if different)
	(Name of building, room num	/
1101	7 / 11	
1. Title (Give present full t	itle in quotes; assigned titl	a if any in brankets
		LV Tortowal State Inc.
If record has had other ti	tles, list them with dates or	quantities or both)
2. Dates /9//	Only	
(Earliest and la	test dates; missing dates. Sh	low exact date of breaks)
3. Quantity /-/	A Company of the Comp	The state of the s
3. Quantity /- (Number of vol	umes; file drawers; file boxe	es; bundles; other)
4. Tabeling	A STATE OF THE STA	ATTENDED TO STATE OF THE PARTY
(Explain fully; year	s; numbers; letters; number o	of records so labeled)
5. Discontinued and missing recor	ds Name	
	(If record discontinued,	give reason and state
whother same information sh	own in another record. Expla	in why records are
missing, if possible)	0 / /	
6. Contents	Consist of Pho	tes of Overhead
(Furpose and genera	l nature of record. Principa	litems of information
- Wiring in Vari	ous Sections	of City Charrie
. shown. Summary of forms us	ed in making record, their he	eadings, etc. If a very
Damage Day	By Spark	
general or miscellaneous re	cord, detailed information as	to type of records
contained and dates covered	by each should be given. Ur	less contents of these
records are described by oth	her Forms 12-13HR, such forms	should be filled out
and attached)		
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6. Co	ontents-continued
7. Ar	rangement (Chronologically-by what? Numerically-by what? Alphabotically-by what?)
8. In	(Self-contained-describe what it shows. If separate, fill out a form for it
	iting (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	ze /
	pages or documents)
l. Lo	cation by dates and quantities Transfer Cabinet By South Wall  (Room, vault, wall-N.E.S.W, section, bin, shelf, cabinet, on floor)  Cabinet, on floor)
2. Ot:	her information (Condition of record if not good. Relation to other records.
_	Information on prior, subsequent, or similar records. Whother record is known
	to have been kept earlier than dates shown in item 2)
 S. (F	or use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Dato of publication)

Delcher-Peyton (Date) 6-18-39 (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Baltimore	City State Mary	land
Name of agency or office (Office	of custody) (Office which made the	ne record, if different)
Address of office of custody	(Name of building, room humber	r, street address
13 6	title in quotes; assigned title,	
If record has had other	titles, list thom with dates or q	uantities or both)
2. Dates (Earliest and )	latest dates; missing dates. Show	exact date of breaks)
3. Quantity / Logs of vo	Stumes; file drawers; file boxes;	burlles; other)
A Tabalian	ers; numbers; lettors; number of	
5. Discontinued and missing reco	A A	
whether same information s	shown in another record. Explain	why records aro
missing, if possible)		
11 /	Canada record. Principal	! 0 +,
of City Shawin	regord, detailed information as t	notes:
contained and datos covered	ed by each should be given. Unle	ss contents of these
records are described by o	ther Forms 12-13HR, such forms sl	nould be filled out
and attached)		,
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents—continued
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
3.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
3.	and place cross reference here to that form by title and identification number)  Writing (Handwritten, Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
}.	and years covered by each kind of writing)  Size /-Loose LEH/ BINDER 12"X 9"X 1" Total 78 bhotogRA  (Of record or container. Height, width, thickness or dopth. Average number of
	pages or documents)
	Location by dates and quantities To Pow - Bin Frank E. Wall.  (Room, vault, wallN.E.S.W., section, bin, shelf, cabinet, on floor)  Recom #3/8 Municipal Office Bldo.
	Other information (Condition of record if not good. Relation to other records.
	Information on pricr, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

Deleter-Mach-Dilmorth 13-37-1939 No. 235
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Comming Baltimore City State Maryland	
Name of agency or office (Office of custody) (Office which made the record, if different)	ervic
Address of office of custody (Name of building, room number, street address)	3/dg.
1. Title (Give present full title in quotes; assigned title, if any, in brackets.	
If record has had other titles, list them with dates or quantities or both)	
2. Dates (Farliest and latest dates; missing dates. Show exact date of breaks)	
3. Quantity (Number of volumes; file drawers; file boxes; bundles; other)	
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)	
5. Discontinued and missing records (If a cord discontinued, give reason and state	
a principal de la company de l	
whother same information shown in another record. Explain why records are	
6. Contents  (Purpose and general nature of record. Principal items of information	
shown. Summary of forms used in making record, their headings, etc. If a very	
general or miscellangous record, detailed information as to type of records	7016
contained and dates covered by each should be given. Unless contents of these	
records are described by other Forms 12-13HR, such forms should be filled out	3 48 -
and attached)	
PA FOR: 12-13HRRevised (See reverse side) 16-6419	

6.	Contents—continued
	THE STATE OF THE S
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indoxing (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference hore to that form by title and identification number)  Writing  (Handwritten Printed form. Handwritten printed head. Typed.
	Typod printed form. Typed printed head. Printed. Photostat. Other. Givo months
10.	Sizo  Of record or container. Height, width, thickness or depth. Avorage number of pages or documents)
11.	Location by dates and quantities (Room, vault, wallN.E.S.W., section, bin, sholf, cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)
.3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

(never believe had seen a real \_ (see ) (see ) (see )

Delcher Peyton Mack 11.3-39 No. 236 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Baltimore City State Maryland
Name of agency or office Burely of McCharles Herent (Office of custody) (Office which made the record, if different)
Address of office of custody Tropy 320, Municipal Blog.  (Name of building, room number, street address)
1. Title (Truck Transportation Time Tickets) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
(if record discontinued, give reason and state
whother same information shown in another record. Explain why records are
whother same information shown in another record. Explain why records are
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents File Boxes Cartering Time The Pelative (Purposo and general nature of record. Principal items of information
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents File Boxes Cartering Time The Pelative (Purposo and general nature of record. Principal items of information
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents // Boxes / The Arrive of record. Principal items of information  The Arrive of forms used in making record, their headings, etc. If a very
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents File Boxes Cartering Time The Pelative (Purposo and general nature of record. Principal items of information
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents (Purpose and general nature of record, Principal items of information Shown. Summary of forms used in making record, their headings, etc. If a very general or miscellangous record, detailed information as to type of records.
whother same information shown in another record. Explain why records are  missing, if possible)  6. Contents  (Purpose and general nature of record. Principal items of information  shown. Summary of forms used in making record, their headings, etc. If a very  general or miscellandous record, detailed information as to type of records  contained and dates covered by each should be given. Unless contents of these

6.	6. Contents—continued On Tricket.		
	archice Later Albar St. Fl.		
7.	7. Arrangement Chronologically-by what? Numerically	y-by what? Alp	habeticallyby what?)
	8. Indexing Self-Contained (Self-contained-describe what it shows.		
9.	and place cross reference here to that form by  9. Writing (Handwritten. Handwritten printed form.	1	
	Typed printed form. Typed printed head. Prin	ted. Photostat	. Other. Give months
0.	and years covered by each kind of writing)  O. Sizo  Of record or container. Height, width, this pages or documents)		"EACh. Average number of
1.	1. Location by dates and quantities Bottom (Room, vault, v		section, bin, shelf,
2.	2. Other information (Condition of record if not see		o other records.
	Information on prior, subsequent, or similar	records. Wheth	er record is known
	to have been kept carlier than dates shown in	item 2)	
3.	3. (For use in Florida.) Early imprints (A	uthor)	(Publisher)
	(Place of publication)	(Date of p	ublication)

(Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County	BALTIMORE	CITY	State	MARY	ANG.	
Name of	agency or office By	REAU OF custod;	MECHANIE y) (Office v	hich made t	he record, i	f different)
Address	of office of custody	Roo (Name	of building,	MUNICIPA room numbe	r, street ad	dress)
1. Titl	11 _	LABOR 4	MATER quotos; assi	AL RE.gned title,	PORT if any, in	brackets.
	If record has had other s 1931 - 193 (Earliest and			D 10 10 17 17 17	and the balance	
3. Quan	tity 2 DRAWERS (Number of	volumes; fi	le drawers;	file boxes;	bundles; ot	her)
4. Labe		NON rears; numbe:	rs; letters;	number of		abclod)
W	hother same information				why records	
6. Cont	ents CONSISTS OF 1 (Purpose and gen					
	hown. Summary of forms  WING OKDER A  eneral or miscellaneous			1		
	SS OF LABOR HI					
100	ecords are described by  EINED TO MATER  and attached)					
	M 12-13HRRevised				16-64	

6.	Contents-continued AS TO CONDUIT LINES, MANHOLES, AND FOOTWAY
	TIWHE ITEMIZED LIST OF MATERIAL USED UNDER EACH CLASSIFICAT
	AND REMARKS,
7.	Arrangement CHROND BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing None (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Hdw. TTPED ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size   DRAWER     1/2" X   16" X 28" -   DRAWER 31, "x 29" x 36" (Of record or container. Height, width, thickness or depth. Average number of
	Pages or documents) ToTAL hoth dRHWERS AppROX. 7100 REPORTS.
11.	Location by dates and quantities <b>2DRAWERS IN CABINET IN CENTER</b> (Room, vault, wall-N.E.S.W., section, bin, shelf,
	OF ROOM 322 MUNICIPAL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whother record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

8-94415 Bc mach / Elen 234

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8-96615 in when the hand BC Mach/ Clas 235

51776-8 BC Mech & Elec 236

second invisions; not found in

8-96615 second missing but in disput ble Bc mack 18the 237

8-96615 second mining int paint in ariginal folder. BC March / Elec 238 WORKS PROGRESS ALMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE C.	ITY State MAR	yland.
Name of agency or office BURE (Office	of custody) (Office which mad	e the record, if different)
Address of office of custody	(Name of building, room nu	mber, street address)
1. Title "DANN JAB, (Give present full	OR AND MATERIAL title in quotes; assigned tit	Report le, if any, in brackets.
If record has had other t	itles, list them with dates of	r quantities or both)
2. Dates MAR 1928 — (Farliest and 1	V+Av2	AND AND PROPERTY.
3. Quantity /- FI/E DRAW (Number of vo	YER 48 BUNDE lumes; file drawers; file box	S. bundles; other)
4. Labeling (Explain fully; year	FE ADDENDA rs; numbers; letters; number	of records so labeled)
5. Discontinued and missing reco	rds NOVE (If record discontinued	, give reason and state
whether same information s	hown in another record. Expl	ain why records are
missing, if possible)	New York Street, and the later	Hard Color of the
6. Contents CONSISTS OF 1 (Purpose and gener	DAILY LABOR AND MA	al items of information
BY LIGHTING DIVISION Shown. Summary of forms u	sod in making record, their h	eadings, etc. If a very
DIVISION, THIS IS THE	ecord, detailed information a	SERIAL IN SERIAL s to type of records
No. 238, SEE THAT contained and dates covered	SERIAL FOR DISCRI	PTION OF CONTENTS nless contents of these
SFF COPY OF FORM	ATIO. ther Forms 12-13HR, such form	s should be filled out
and attached)		3
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents continued
7.	Arrangement CHRONO BY DATE OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
70	and place cross reference here to that form by title and identification number)
9.	Writing Halw + Trrep an Printed Report (Handwritten, Handwritten printed form, Handwritten printed hoad, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size IFILE DRAWER 6"X 14"X 27" HORROX 3000 RESORTS (Of record or container. Height, width, thickness of depth. Average number of
	48 Bols 6"X 5" X 14" FACH TOTAL APPROX 55000 REPORTS.
1.	Location by dates and quantities 48 BDIS, IN 5 TH AND LATH BINS 3D ROW (Room, vault, wall-N.E.S.W., section, bin, shelf,
	FROM TOP BY SAUTH WALL AND IFILE DRAWER IN CABINET
	IN S.E. CORNER OF VAULT ROOM NEAR ROOM 318 MUNICIPAL BLDS
.2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
7	(For your in Thereid ) Public to the
۵۰,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

FORM NO. 75

# Serial # 239

ORDER No.\_

# BUREAU OF MECHANICAL-ELECTRICAL SERVICE DAILY LABOR AND MATERIAL REPORT

LOCATION								
NO.	L.	CLASS OF LABOR	HRS.	RATE	COST			
NO.		CLASS OF LABOR	HRS.	RATE		OST		
ткиск ніғ		AL HOURS						

SIGN.

(OVER)

## MATERIAL

CONDUIT LINE

		SIZE	PIECES	SIZE	NO.	LENGTH	SIZE	NO.	LENGTH	
TERRA COTTA										
				ļ <u>.</u>				. 1		
FIBRE (STRAIGHT)										
		ļ		ļ	ļ`					
FIBRE (BENDS)				·						
HAND BOXES NO. 1										
HAND BOX	ES NO. 2									
DUCT COM	es						<u> </u>			
BURLAP										
CASTINGS		<u> </u>								
SLAB5						7				
NAILS	,,	_							· ·	
NIPPLES	5 .									
IRON PIPE	(FT.)									
CEMENT (	3AGS)		•					<del>,</del>		
SAND (TO	NS)									
GRAVEL (	TONS)							•		
	PAVING									
BRICK	ARCH								•	
	14 RD.									
REINFORCE	NG RDS.									
COAL OIL	GALS.									
LUBRI. OIL	. GALS.						-			
GASOLINE	GALS.								_	
LUMBER	FEET									
STICKUM	GALS.									
DUCT PLAS	STER									
								****		
									·	
								****		
REMARKS		<u> </u>		<u> </u>						
						<del></del>				
					-		·			
						<del></del> -		· · · ·		
		_	<del></del>	<u> </u>						

DELCHER - MACK- KILROY BUREAU OF MECHANICAL ELECTRIAL SERVICE # 239, CONDUIT DIVISION ADDENDA /TEM 4 BOLSLABELED MECH. ELEC. SERVICE . FOR YEAR 1936 12 12 / FILE DRAWER

(Date)

(Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALT	IMORE (	CITY	State_/	1 <i>p</i> .	
Name of agency	y or office <i>Burg</i> (Offic	e of custody)	(Office which	ch made the record, if different	ent)
Address of of	fice of custody	Rosm (Name of	320 /M/ building, ro	DNICIPAL BLDE.	
l. Title	DALLY LAR	OR AND S	ALVAGE	REPORT "	
		•	•	REPORT 11 ed title, if any, in brackets	
If reco	ord has had other	titles, list	them with da	ates or quantities or both)	
2. Dates	1928 —	/932.	missing da	tes. Show exact date of break	<u>s)</u>
3. Quantity	6-TRANSKE	P LASES	$\frac{-2}{\text{drawers: fi}}$	UNCLES le boxes; bundles; other)	<del></del>
4. Labeling			20 🐷 .	the state of the s	
	(Explain fully; y	ears; numbers;	ietters; n	umber of records so labelod)	
5. Discontinue	ed and missing re	cords (If ro	YONF cord discon	tinued, give reason and state	
	same information	shown in anot	her record.	Explain why records are	
_	-	<b>ZABOR AND</b> leral nature of	SALVAGE record. Pr	REPORT OF INCINERATOR	SHQWI
DATE, HO	OURS WORKED K Summary of forms	PATE OF PAY, used in makin	TOTAL Co	os T. FOR LABOR, COST FOR heir headings, etc. If a ver	<i>TRUC</i> Y
HIRE KI	ND AF MATERIA or miscellaneous	record, detai	Zed information	tion as to type of records	AFE
SECEIVE D	TOTAL TONN dd and dates cove	are Salvagerod by each sh	ED COND	en. Unless contents of these	AGED
TOTAL Cos	or described by	other Forms 1	<i>PER TON.</i> 2-13HR, súcl	TOTAL NUMBER OF EMPLOY 1 forms should be filled out	LES.
WORKING and atta	KIND OF WEATH	ER, TIME SH	UT DOWN,	REMARKS AND SIGNATU	R.E.
WPA FORM 12-13	SHRRevised	(Sec. r	ovorso sido	16~6419	

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and place cross	s reference here to that form by	v title and identi	fication number)	
	Haw ON PRINTED tten. Handwritten printed for		·	
- / Licensen 2	rocar immuritaten printed for	. nændwritten pr	inted head. Typed.	•
Typed printed	form. Typed printed head. Pr	inted. Photostat.	Other. Give months	
and voare cove	ered by each kind of writing)		and the second	
-,		T		$T = \frac{1}{2}$
(Of record o	FER CASES 12"X 9" X or container. Height, width, the	H" EACH. of nickness or depth.	Average number of	POR
2 BDIS	/2" X 9" x 11/2" FACH	ToTal abb	a	
pages or docum	ments)	· 181 H 1 H PP1	70x, 145 REPORTS.	•
	<b>/</b>	•	70%. /45 REPORTS.	•
Approx	TeTAL 2445 REPORT. s and quantities 2 8013 IN (Room, vault,	S.		
Approxication by date	TOTAL 2445 REPORT.	S. VallN.E.S.W., s	EAST MALL TAP cetion, bin, shelf,	
AppRoximation by date	TaTAL 2445 REPORT. s and quantities 2 BOLS IN (Room, vault, TH. WALL AND GTRANSE, oor)	S.  ST BIN FROM WOLL-N.E.S.W., S  ER CASES ON	EAST MALL TAP cetion, bin, shelf,	
Abbrox  cocation by date  ROW BY SOU  cabinet, on fl	ToTAL 2445 REPORT.  s and quantities 2 BOLS IN (ROOM, Vault,  TH. WALL AND GTRANSE.  OOT)  HER OF VAULT ROOM No.	S.  ST BIN FROM WOLL-N.E.S.W., S  ER CASES ON  EAR ROOM 3.	EAST MALL TAP cetion, bin, shelf,  TAP OF CABINET  IN MUNICIPAL BIDS	
Approx Location by date  ROW BY SOU  Cabinet, on fl	ToTAL 2445 REPORT.  es and quantities 2 BOLS IN (ROOM, Vault,  TH. WALL AND GTRANSE.  OOT)  HER OF VAULT ROOM N	S.  ST BIN FROM WOLL-N.E.S.W., S  ER CASES ON  EAR ROOM 3.	EAST MALL TAP cetion, bin, shelf,  TAP OF CABINET  IN MUNICIPAL BIDS	
Approx Location by date  ROW BY SOLUTION  Cabinet, on fl  IN S.E. COR  Other information	ToTAL 2445 REPORT.  es and quantities 2 BOLS IN (ROOM, Vault,  TH. WALL AND GTRANSE.  OOT)  HER OF VAULT ROOM No.  (Condition of record if not g	S.  ST BIA FROM WallN.E.S.W., s  FR PASES ON  EAR ROOM 3.	EAST MALL TAP ection, bin, shelf,  IAP OF CABINET  IS MUNICIPAL BIDS  other records.	
Approx Location by date  ROW BY SOLUTION  Cabinet, on fl  IN S.E. COR  Other information	ToTAL 2445 REPORT.  s and quantities 2 BOLS IN (ROOM, Vault,  TH. WALL AND GTRANSE.  OOT)  HER OF VAULT ROOM No.	S.  ST BIA FROM WallN.E.S.W., s  FR PASES ON  EAR ROOM 3.	EAST MALL TAP ection, bin, shelf,  IAP OF CABINET  IS MUNICIPAL BIDS  other records.	
ROW BY SAU Cabinet, on fl	ToTAL 2445 REPORT.  es and quantities 2 BOLS IN (ROOM, Vault,  TH. WALL AND GTRANSE.  OOT)  HER OF VAULT ROOM No.  (Condition of record if not g	S.  ST BIM FROM Vall-N.E.S.W., s  FR PASES ON  FAR ROOM 3.  Good. Relation to	EAST MALL TAP ection, bin, shelf,  IAP OF CABINET  IS MUNICIPAL BIDS  other records.	
ROW BY SAU Cabinet, on fl	To TH 2445 REPORT.  s and quantities 2 RD 3 IN (Room, vault,  TH WALL AND GTRANSE OOT)  WER OF VAULT ROOM No.  (Condition of record if not go and prior, subsequent, or similar	S.  ST BIM FROM Vall-N.E.S.W., s  FR PASES ON  FAR ROOM 3.  Good. Relation to	EAST MALL TAP ection, bin, shelf,  IAP OF CABINET  IS MUNICIPAL BIDS  other records.	
ROW BY SAU Cabinet, on fl	To TH 2445 REPORT.  s and quantities 2 RD 3 IN (Room, vault,  TH WALL AND GTRANSE OOT)  WER OF VAULT ROOM No.  (Condition of record if not go and prior, subsequent, or similar	S.  ST BIM FROM Vall-N.E.S.W., s  FR PASES ON  FAR ROOM 3.  Good. Relation to	EAST MALL TAP ection, bin, shelf,  IAP OF CABINET  IS MUNICIPAL BIDS  other records.	
Location by date  ROW BY SON  Cabinet, on fl  IN S.E. COR  Other information of  to have been	To TH 2445 REPORT.  s and quantities 2 RD 3 IN (Room, vault,  TH WALL AND GTRANSE OOT)  WER OF VAULT ROOM No.  (Condition of record if not go and prior, subsequent, or similar	S.  ST BIM FROM Vall-N.E.S.W., s  FR PASES ON  FAR ROOM 3.  Good. Relation to	EAST MALL TAP ection, bin, shelf,  IAP OF CABINET  IS MUNICIPAL BIDS  other records.	

1	Delcher- Peyton	Bu	1890	of 1	Mechanica	al Elect	frica	1 Service	#240
								ricipal Bldg.	#210
								inerator #1-Jan.1,	1930 - Dec 1936
								Jan.1,1929	
		11 61	-N		et n	11	ti	Mar. 1928	- Dec. 31, 1928
1		1, 6			84. 4.6			#2 Jain. 1,1930	
			ŧ,					42 Jan. 1,192	
1	<b>6</b> C							#2 Mar. 1928.	Dec. 31, 1928
2	BUN	DLES	NOT	LAS	ELED				

VOLUMES AND UNBOUND RECORDS FORM

Go	enty BALTIMORE CITY State MD.
Na	me of agency or office BUREAU OF MERHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
	(Office of custody) (Office which made the record, if different)
Ad	dress of office of custody Room 320 MUNICIPAL BLDE. (Name of building, room number, street address)
<del></del>	"The same of the s
ı.	Title DAILY SALVAGE REPORT  (Give present full title in quotes; assigned title, if any, in brackets.
	If record has had other titles, list them with dates or quantities or both)
2.	Dates APRIL 1928 — DFC, 31 1929 (Earliest and latest dates; missing dates. Show exact date of breaks)
3.	
	Quantity 4 TRANSFER CASES (Number of volumes; file drawers; file boxes; bundles; other)
4.	Labeling SFF ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5.	Discontinued and missing records NONE (If record discontinued, give reason and state
	(If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
•	missing, if possible)
6.	Contents <u>CONSISTS OF DAILY SALVAGE REPORT OF INCIDENT ATOR RELATIVE</u> (Purpose and general nature of record. Principal items of information
	TO PAPER AND RAGS SALVAGED SHAWING INCINERATOR NO. DATE, shown. Summary of forms used in making record, their headings, etc. If a vory
•	CLASSIFICATION AS TO BOOKS MADARINES, PAPER AND RASS FIVING general or miscellaneous record, detailed information as to type of records
	NO. OF BALES, WEIGHT GRADE SUMMARY SHOWING NO. OF BALES contained and dates covered by each should be given. Unless contents of these
	BROT FORD BALLED TODAY, TOTAL DELIVERED, ON HAND TO BE FORWARDED, records are described by other forms 12-13HR, such forms should be filled out
	ALSO SHOWS TO WHOM PAPER AND RAGS DELIVERED TO AND FOREMANS SIGNATURE and attached)
WP.	A FOR: 12-13HRRevised (See reverse side) 16-6419

(See reverse side)

16-6419

6.	Contentscontinued '
11	
7.	Arrangement CHRONO BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE
	(Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Hdw. ON PRINTED FORM.  (Handwritten, Handwritten printed form. Handwritten printed head. Typed.
	(Mandwillten: Rundwillten printed form. Handwillten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 4 TRANSFER CASES 12"X 9"X 4" EACH FOROX. To TAL  (Of record or container. Height, width, thickness or depth. Average number of
	1200 REPORTS. pages or documents)
11.	Location by dates and quantities 2 Draw From Tar 157 Bln From EAST WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	(Room, vault, wallN.E.S.W., section, bin, sholf,
	BY SOUTH WALL IN VAULT ROOM NEAR ROOM 318 MUNICIPAL BLD
12	Other information
10.	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

Delcher-Peyton

Bureau at Mechanical Electrical Service 241.

ADDENDA ITEM 4. Vault in Hallway near Room #318 Municipal No.

I Case labeled Incinerator Reports Rugs + Paper Daily Aug. 19,1928 - Aug. 31, 1928

I " Daily Papert Rag Report Incinerator No.1-2 Sept. 1928 - Mar. 30, 1929

I " " " Oct. 1,1929 - Dec. 31, 1929

generalist of married

1236. SHIPMENT RECORDS, 1918 - 1920. Of all chemicals shipped to the Marara Palle plant: reports thee date of shipment, quantity, Fini. and express and contract numbers. Filed checoolscicality, U z 5 alchemates card tades, 1 ft. 2 in. (Bardly, official.) S z 10 folders, 6 in., in drawer of wooden filing case. Storescen [Bidg. P). (1933)

case, summeries of bracks rails frame of sposmood Areses for the 1920. Streets on all contracts correspondence and telescent, list diagnet falls plant; also related correspondence and telescent, list numerically. (Sarely, official.) 9 x 13 folders, 1 ft. 10 in., in drawer of wooden filling case. Stortspon (Side. F). (342)

DELCHER-MACK-KILROY 11-24-1939 #242
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Country BALTIMORE	CITY, State MD.	
	OFFAU MECHANICAL FIFETR	ord, if different)
	Room # 320 MUNICIPAL (Name of building, room number, stre	
1. Title PAVING (Give present fu	REPORTS "  Il title in quotes; assigned title, if any	y, in brackets.
	r titles, list thom with dates or quantiti	
2. Dates JAN, 1904 (Earliest and	d latest dates; missing dates. Show exact	date of breaks)
3. Quantity 5- Buy of (Number of	volumes; file drawers; file boxes; bundle	es; other)
4. Labeling SFF (Explain fully;	ADDENDA years; numbers; letters; number of records	s so labeled)
	ecords NONE	
whether same information	n shown in another record. Explain why re	ecords aro
missing, if possiblo)		
6. Contents <u>CONSISTS</u> OF (Purpose and ger	PAVING REPORTS SHOWING neral nature of record. Principal items of	F PAYNE OADER
NE REPORT NO DA Chown. Summary of forms	TE. REASON FOR PAVING LOCA s used in making record, their holdings, e	TION CLASS OF
PAVING LENGTH W general or miscellaheous	s record, detailed information as to type	OF TOCOTAS
REPORTED BY CHA	erod by each should be given. Unless cont	ents of these
CLASSIFICATION OF A	ABOR HOURS HAVINE D	ATE COMPLETED,
SIENATURE OF FOR	REMAN AND DERT HEAD,	SEE SERIAL 243
VPA FOR 12-13HRRevised	(See reverse side)	16-6419

6.	Contentscontinued
	### ### TANK TANK TO BE COMED TO ALL THE BEST OF A STATE OF A STAT
	THE SECOND CHOOL THE BENEFIT
7.	Arrangement CHRON BY DATE OF REPORT NUM. BY NUMBER OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE
	(Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HANDWRITTEN ON PRINTED REPORT (Handwritten, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	Typed printed form. Typed printed head. Frinted. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 2 BDIS /"X5"X7" EACH 3 BDIS 3"X5" X7" FACH (Of record or container. Height, width, thickness or depth. Avorage number of
	pages or documents) PEPORTS.
	(full or all the absorbers to reading to the full the thought to back the full to be be all.)
11.	Location by dates and quantities ON TOP OF CABINET BY EAST WALL (Room, vault, wallN.E.S.W., section, bin, sholf,
	IN VAULT, WEAR ROOM # 102
	CITY MAIL BING
2	Othon information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	White its termino health and its birds who are provided to the contract of the second
3.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

Baryst-Birt-Cl. B71 KW

County BALTIMORE CITY State MD	
Name of agency or office BUREAU OF MECHANICAL (Office of custody) (Office which is	made the record, if different)
Address of office of custody Room 320 MU (Name of building, room	number, street address)
1. Title PAVING REPORTS	1/
1. Title PAVING REPORTS (Give present full title in quotes; assigned	title, if any, in brackets.
If record has had other titles, list them with date:	
2. Dates /9/16 - /93/4.	mineral de anyo, il del
2. Dates 99/2 93/2 (Earliest and latest dates; missing dates.	. Show exact date of breaks)
3. Quantity /- DRAWER I-RUNDER Tile drawers; Tile	boxes; bundles; other)
4. Labeling PAUNG ORDERS (Explain fully; years; numbers; letters; numbers	er of records so labelod)
5. Discontinued and missing records None (If record discontinued)	ued, give reason and state
whother same information shown in another record. Es	xplain why records are
missing, if possible)	
6. Contents CONSISTS OF PAVING REPORTS. TO	
AS SHOWN ON SERIAL NO. 243. SE shown. Summary of forms used in making record, their	F THAT SERIAL FOR r headings, etc. If a very
DISCRIPTION OF CONTENTS. general or miscellaneous record, detailed information	as to type of records
contained and dates covered by each should be given.	Unless contonts of these
records are described by other Forms 12-13AR, such for	orms should be filled out
and attached)	•
WPA FORM 12-13HRRevised (See roverse side)	16-6419

	Contents-continued .
7.	Arrangement CHRONA, BY DATE OF REPORT, NUM. BY CRDER NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE
	(Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	
	Writing TYPED 9 How, ON PRINTED FORM. (Handwritten Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
).	Size DRAWER 61/2" X 83/4" X 15' 17 bb Rox. 2500 REBORTS. (Of record or container. Height, width, thickness or depth. Average number of
	1-BUNDLE 2"X5/2"X7" Approx 300 REPORTS.
	Total Approx 2800 REPORTS
	Location by dates and quantities   DRAWER IN CARINET IN S.E. CORNER AND (Room, Vault, wallN.E.S.W., section, bin, sholf,
	BOL IN GIH BIN FROM EAST WALL 4TH ROW FROM TOP
	BY SOUTH WALL IN VAULT ROOM NEAR ROOM 318 MUNICIPAL BL
	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
	(For use in Florida.) Early imprints
	(Author) (Publisher)

DELCHER-MACK-KIROL	10-27-1939		No 24	4
(Worker's full name)	(Date) / (Form	didentification	number) .	<del>,</del> "

BALTIMORE CITY State MARULAND
Name of agency or office Surfau of Michanical Flectrical Service (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 MUNICIDAL Bldg. (Name of building, room number, street address)
1. Title "Obstruction Reborts"
1. Title "Obstruction Peborts"  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
(Earliest and latest dates; missing dates. Show exact date of breaks)_
3. Quantity 7 Bundles   1 // E box Es (Number of volumes; file drawers; file boxes; bundles; other)
4 I-believe Common of the Comm
4. Labeling SEE AddENCA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
Explain why records are
missing, if possible)
6. Contents Consists of obstruction and Trouble Reports Made by in spectors (Purpose and general nature of record. Principal items of information
AND OTHERS TO SENT HEAD OF CONSUIT DIVISION RELATIVE TO CASES WHERE shown. Summary of forms used in making record, their headings, etc. If a very
general or miscellancous record, detailed information as to type of records
Jobs NECESSITATING changes to don duit system Also cases where damage contained and dates covered by cach should be given. Unless contents of these
has been done to cable by outside workman, Report shows date Location records are described by other forms 12-13HR, such forms should be filled out
NATURE of DESTRUCTION OR DAMAGE APPARENT REPAIRS NECESSARY and attached)
WPA FOR 12-13FRRevised (Scc reverse side) 16-6419

rrangement Chrowo by Jate of Report (Chromologically-by what? Numerically-by what? Alphabetically-by what?)  ndexing (Scir-contained-describe what it shows. If separate, fill out a form for it, and place cross reference here to that form by title and identification number)  riting Hele on Brinted form. Handwritten printed form. Handwritten printed hand. Typed.  Typed printed form. Typed printed head. Frinted. Photostat. Other. Give months  and years covered by each kind of writing)  ize Bdd. 1/k. x 3/k. x 11" - 1/3dl. / x 3/k. x 11" - 3 Bdls 3" x 9/k. x 11/k"  (Of record or container. height, width, thickness or depth. Average number of container. height, width, thickness or depth. Average number of pages or documents)  If the boxes Size? Abbrex Secons for the last of the sault well in rand form. you'll wall-new Six, section, bin, sholf.  The secons of the sault wall state of the sault well wrant form you'll be sault well wrant form. Son 10x 11x Mannick ball side.  Cabinet, on floor, and rewest in a good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept on lier than dates shown in item 2).	ontents-cont	inved AND SIGNATURE of IN	spector.		
And place cross reference here to that form by title and identification number)  riting HCW. ON DRINTED LORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give months  and years covered by each kind of writing)  ize Bdl. 1/2"X8/3"X11" - 1/3dl. 1/X8/2"X11" - 3Bdls 3" x9/2" X11/2"  (Of record or container. Height, width, thickness or depth. Average number of  2Bdls 3"X12" x14" Hobres 11000 Reports  pages or documents)  IIIIIE bexes Size? Abbres 103-14xx m. bins 2x8 by sauth well in vault.  Ser 10x 14x 14x 12 & 8dls 1936-1837 w. 4th bins prems sersion, bins, sholf.  Sersion 10x	,				<del></del>
And place cross reference here to that form by title and identification number)  riting HCW. ON DRINTED LORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give months  and years covered by each kind of writing)  ize Bdl. 1/2"X8/3"X11" - 1/3dl. 1/X8/2"X11" - 3Bdls 3" x9/2" X11/2"  (Of record or container. Height, width, thickness or depth. Average number of  2Bdls 3"X12" x14" Hobres 11000 Reports  pages or documents)  IIIIIE bexes Size? Abbres 103-14xx m. bins 2x8 by sauth well in vault.  Ser 10x 14x 14x 12 & 8dls 1936-1837 w. 4th bins prems sersion, bins, sholf.  Sersion 10x					· .
And place cross reference here to that form by title and identification number)  riting HCW. ON DRINTED LORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give months  and years covered by each kind of writing)  ize Bdl. 1/2"X8/3"X11" - 1/3dl. 1/X8/2"X11" - 3Bdls 3" x9/2" X11/2"  (Of record or container. Height, width, thickness or depth. Average number of  2Bdls 3"X12" x14" Hobres 11000 Reports  pages or documents)  IIIIIE bexes Size? Abbres 103-14xx m. bins 2x8 by sauth well in vault.  Ser 10x 14x 14x 12 & 8dls 1936-1837 w. 4th bins prems sersion, bins, sholf.  Sersion 10x					•
(Scif-contained-describe what it shows. If separate, fill out a form for it, and place cross reference here to that form by title and identification number)  The filing file w. on brinted form. When the form by title and identification number)  Typed printed form. Handwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give months and years covered by each kind of writing)  2c Bdl. 1/2"X9/2"XII" - 1/3dl. /"X9/2"XII" - 3Bdls 3" x9/2 XIII/1"  (Of record or container. height, width, thickness or depth. Average number of Bdls 3" X 12 " X 14" Hebrex 11000 Reports.  Pages or documents)  (Iffile boxes Size? Abbrex 2000 Reports ToTal 19000 Reports.  Cation by dates and quantities!! Lie boxes 1903-1422 in bins 228 by south well in rault. And 102 City Hall. 28dls 1932-1737 in the bin pages Eastwall by south well in rault. Ber Resmalls Manuscipal Bldg.  Cathort, on floor.  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2).	rangement (Ch	hRowo by date of Pronologically-by what? Numer call:	E horT /-by what? Alpha	beticallyby what?	<del>.</del>
iting How. ON DRINTED JORM.  (Handwritten. Andwritten printed form. Handwritten printed head. Typed.  Typed printed form. Typed printed head. Printed. Photostat. Other. Give months  and years covered by each kind of writing)  20 Bdl. 1/2" X 9/2" X 11" - 1/3dl. /" X 8/2" X 11" - 3 Bdls 3" X 9/2" X 11/2"  (Of record or container. Height, width, thickness or depth. Average number of  Bdls 3" X 12" X 14" HbbRex 11 000 Reports  pages or documents)  If He bexes size? HbbRex 1000 Reports  Cation by dates and quantities // ////// boyes 1903-1922 /// buss 72% by south welling rad  (Hoom, veult, wall-NES.W., section, oin, shelf.  M. 102 C.Ty Hall. 28dls 1336-1933 /W 47th bing from East wall by south well in Yault  Bdls 1915 // Marrier in Cabinel Center of Rock 322 Manicipal Bld  her information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)			· ·		
Typed printed form. Typed printed head. Printed. Fhotostat. Other. Give months  and years covered by each kind of writing)  20 1 3 1 1 1 2 2 3 3 2 3 2 3 3 3 3 3 3 3 3	· (Sclf-	containeddescribe what it shows.	If separate, fi	ll out a form for it	<del>,</del>
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months and years covered by each kind of writing)  2c Bd 1//2 x 8/2 x 11" - 1/3d 1. /2 x 8/2 x 11" - 3 Bd 15 3" x 9/2 x 11/2"  (Of record or container. Height, width, thickness or depth. Average number of Bd 15 3" x 12" x 14" HbbRex 11 000 Reports  Pages or documents)  I File boxes Size? Abbrex 8000 Reports  Cation by dates and quantities 11 11/2 boxes 1903-192 in bins 128 by south well in vault (300m, vault, wall-N.S.S.W., section, bin, sholf, m. 102 2174 Hbl. 2 8d 1936-1937 in 4th bin from Eastwell by south well in vault and the container of Resmitted to other records.  Information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)	nd place cro	ss reference here to that form by t	itle and identif	ication number)	
and years covered by each kind of writing)  2c   Bd    //x x 8 //x x     " -	riting Hc (Handw	ritten. Anndwritten printed form.	Handwritten pri	nted houd. Typed.	<del>-</del> .
and years covered by each kind of writing)  2c   Bd    //x x 8 //x x     " -	Typed printe	d form Pyned printed hand Print	od Photostat	Othor Civo months	<del>-</del>
2c/Bdl. //." x 8 //." x //" - //3dl. / x 8 //." x //" - 3 Bdls 3" x 9 //." x ///"  (Of record or container. Reight, width, thickness or depth. Average number of pages or documents)  (Edls 3" x / 2." x / 4"   HpbRox \$1 000 Reports  (Flile boxes Size? Approx \$200 Reports  (Floom, vallt, wallN.E.S.W., section, bin, sholf, wallN.E.S.W., section, bin, sholf, and in the second of section and section a	-Jpou prince	a 101m. Typed printed near. Frint	ca. motostat.	Other. Give monuis	i
2c/Bdl. //." x 8 //." x //" - //3dl. / x 8 //." x //" - 3 Bdls 3" x 9 //." x ///"  (Of record or container. Reight, width, thickness or depth. Average number of pages or documents)  (Edls 3" x / 2." x / 4"   HpbRox \$1 000 Reports  (Flile boxes Size? Approx \$200 Reports  (Floom, vallt, wallN.E.S.W., section, bin, sholf, wallN.E.S.W., section, bin, sholf, and in the second of section and section a	and years co	vered by each kind of writing)			<del></del> ·
pages or documents)  Ifile boxes Size? Approx 8000 Reports  Cation by dates and quantities II like boxes 1903-1922 in bins 728 by south well in raul (floom, vault, wall-N.E.S.W., section, bin, sholf, in 102 city Hall-28dls 1936-1937 in 4th bin from EasTwell by south well in rault AR Rocan 3/8 Mynicipal Bidg.  Cabinot, on floor)  Gals 1925	zc/Bdl.//2 (Of record	"x81/2"x11"-1/3d1. / x81/2"x/1 or container. Height, width, thic	"-3 Bd/s 3"x9	A/2 X /1 /2"  Average number of	
cation by dates and quantities // /// boyes 1903-1972 in bins 728 by south well in raw (Joom, vault, wallN.E.S.W., section, bin, sholf, M. /or city Hall- 28dls 1936-1937 in 4th bin from EBS wall by south well in vault BR Rocm 3/8 Municipal Bldg.  Cabinet, on floor)  Edls 1925 IN drawer in cabinet center of Rocm 322 Municipal Bld her information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)	Bd/s 3"x pages or doc	12"x 14" HppRox 11000 R1	EpoRTS	· · · · · · · · · · · · · · · · · · ·	<del>-</del>
M 102 City Hall- 2 8dls 1936-1937 IN 4th bin from ERST well by south well in vault  AR Rocm 3/8 MUNICIPAL Bldg.  Capinet, on floor)  Bdls 1925 IN drawer IN Crained Center of Rocm 322 Municipal Bld  her information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  or use in Florida.) Early imprints	IFILE box	ES SIZE? AppROX 8000 RE	borts To	TAL 19000 REPO	rts.
M 102 C.Ty Hall- 2 8dls 1936-1937 IN 4th bin from ERST well by south well in vault  AR Rocm 3/8 MUNICIPAL Bldg.  Cabinet, on floor)  Bdls 1925 IN drawer IN Cabinet Center of Rocm 322 Municipal Bld  her information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2).	cation by da	tes and quantities // //E boyes 190 (Room, vault, wa	23-1922 IN BIAS	108 by south wall in ction, bin, sholf,	<u>x</u> rault
her information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)	M 102 C17	4 HALL- 2 Bdls 1936-1937 IN 4th bin	PROM ERSTWALL	by south well INV	ault.
(Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  or use in Florida.) Early imprints	cabinet, on Bals 1925	floor)	ENTER OF ROGA	322 Municibal	 Bldg
(Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  or use in Florida.) Early imprints			<i>/</i> .		/
Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  or use in Florida.) Early imprints	her informat		•		
to have been kept earlier than dates shown in item 2)  or use in Florida.) Early imprints		(Condition of record if not goo	d. Relation to	other records.	
to have been kept earlier than dates shown in item 2)  or use in Florida.) Early imprints					 
or use in Florida.) Early imprints	Information	on prior, subsequent, or similar r	ccords. Whether	record is known	•
or use in Florida.) Early imprints	1				
or use in Florida.) Early imprints (Author) (Bublisher)	to have bee	1 kept earlier than dates shown in	item 2)		,
or use in Florida.) Early imprints (Author) (Biblisher)	· <del></del>				
or use in Florida.) Early imprints (Author) (Bublisher)					· ·
(AUGIOI) (TUDIISHUI)	or use in Fi	(Au	thor)	(Publisher)	_
	(Place	of publication)	(Date of pub)	ication	

# 13 UREAU OF MECHANICAL ELECTRIC SERVICE

	136REAU OF MECHANICAL ELECTIVE SERVICE					
1	TEM 4 ROO,	M# 32	OMUNICIPAL BUILDING			
			N HALLWAY NEXT TO ROOM 102CITYHALL			
	BUNDLE		DESTRUCTION REPORTS DEC. 3, 1935.			
1	FILE BOX		NO. 4 WATER & DRAIN LEAK JAN. 1, 1914 TO DEC, 31, 1915.			
1	1, 11		NO,5 GAS & STEAM LEAK JAN. 1, 1914 TO DEC. 31, 1915.			
1	n "		NO.7. INJURIES - RENEWALS - RECOMMENDATIONS ETC. RELATIVE			
			TO CONDUIT SYSTEM DEC. 1,1915 TO DEC. 31, 1918,			
1	FILE BOX	A STATE OF	NO, 8. CABLE TROUBLE VAN. 1, 1915 TO DEC. 31, 1918.			
1	11		NO.6. WATER & DRAIN LEAK JAN. 1. 1916 TO DEC. 31, 1918.			
1	n n		NO.7. WATER & DRAIN LEAK VAN. 1, 1919 TO DEC. 31, 1922			
1	11 11		OBSTRUCTION REPORTS MAY. 16. 1922 TO JULY. 12, 1922			
1	11		OBSTRUCTION REPORTS JULY, 1, 1922 TO NOV, 22, 1922.			
1	11 /1		NOTICE OF GAS LEAK 190276 1907 INCL			
1	11		NOTICE OF GAS LEAK 1914.			
1	11 11		GAS LEAK REPORTS			
1	BUNDLE	- 11	OBSTRUCTION REPORTS NAN. 6, 1937 - DEC. 27, 1937.			
5	1)		NO. LABEL.			
			H .			

ress of office of custody Room # 320 municipal Blug (Name of building, room number, street address)
Title (INSPECTORS LOCATION REPORTS) (Give present full title in quotes; assigned title, if any, in brackets. If record has had other titles, list them with dates or quant
or both)  Dates. 1935
Dates. 735 (Earliest and latest dates; missing dates. Show exact date of breaks)
Quantity / BUNDLE
(Number of volumes; file drawers; file boxes; bundles; other)
Labeling INSPECTORS LOCATION SHEETS FOR VEAR 193 (Explain fully; years; numbers; letters; number of records so labeled)
Discontinued and missing records NONE
(If record discontinued, give reason and state whether same information shown in ano
record. Explain why records are missing, if possible)
Contents CONSISTS OF INSPECTOR'S LOCATION REPORTS  (Purpose and general nature of record. Principal items of information shown. Summary of forms used in making re  PEADED BUREAU MECHANICAL ELECTRICAL SERVICE  their headings, etc. If a very general or miscellaneous record, detailed information as to types of records contained and dates covered.
PATE OF REPORT SUBJECT OTHER COMPANIS INSPEC
VAMES , LOCATION OF MANHOLE & BUREAU OF MECHANICA
FLECTRIC SERVICE INSPECTOR'S SIGNATURE. THESE
HOW CASES WHERE GAS & ELEC, CO. OR OTHER COM

. Contents—continue	ed <i>QCCOMP</i>	ANY							<u> </u>
THESE TRIPS	OF INSE	PECTION	vs as	RECO	ORDED	IN	REPO	P.75	
REFERRED TO	HEREON	INSPE	CTIANS	ARI	e Ma	DE	FOR	REAS	ON
OF NEW INSTA	ALLATION	WORK	IN DUCT	SPACE	REA	TED	FRON	er:	TP O
THER FLANNE	D WORK UN	De <i>rg</i> Roua	(D,						<u>i.</u>
ArrangementC							. ·		
Indexing				-	-				<u>.</u>
(Self-contai	ned-describe what it	shows. If separ	rate, fill out a f	orm for it,	and place cro	ss referen	ce here to 1	that form by	y
title and identification no	. ·	141 B 1 C T	E A/ A	1A/ P	B1119P	**	EARA	1 0	
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Printed. Photostat. Oth					. 1	m . 1			
Size / BUNDLI	of record or container.	X 8/2" X Height, width,	thickness or depth	-bbR0 Average r	X. 600 number of pas	ME A	OPIS ments)		
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			and the second s						
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Location by dates a	and quantities	4 TH, ROY	y From	M. TOI	9 7 TH	BIN	FROM	M EAST	 WA
Location by dates a		(IXI	boni. vauit, wan-	-14. E. D. W.,	section, bin,	sileit, cab	inet, on noo	1)	•
BY SOUTH	WALL	IN VA	ULT.	-N. E. S. W.,	section, bin,	<b>∧</b>	EAR	ROOM	•
BY SOUTH	WALL IPAL B	IN VA	ULT,	-N. E. S. W.,	section, Din,	<b>∧</b>	EAR	ROOM	•
BY SOUTH	WALL IPAL B	IN VA	ULT,				EAR	ROOM	#3 
BY SOUTH	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	#3 
BY SOUTH  IN MUNIC  Other information	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	.# <i>3</i> 
BY SOUTH  IN MUNIC  Other information	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	.# <i>3</i> 
BY SOUTH  IN MUNIC  Other information	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	.#3 
BY SOUTH  IN MUNIC  Other information	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	#3 
BY SOUTH  IN MUNIC  Other information	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	# <i>3</i> 
BY SOUTH  IN MUNIC  Other information	WALL  / PAL B  (Condition of record	// VA	ULT,				EAR	ROOM	#3 
BY SOUTH  IN MUNIC  Other information	(Condition of records to have been kept early	LDG, d if not good. R	DLT,	records. Info		rior, subse	Pequent, or si	ROOM	#3 
BY SOUTH  IN MUNIC  Other information  Whether record is known	(Condition of records to have been kept early	LDG, d if not good. R	DLT,	records. Info		rior, subse	EAR	ROOM	.#3 

Delcher-Peyton 10/5/3
(Worker's full name) (Date)

# 246

WORKS PROGRESS ADMINISTRATION

DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS

THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. WASHINGTON, D. C.

Bal	timore City State Maryland
Name of agency	or office Bureau of Mechanical Electrical Service
	(Office of custody) (Office which made the record, of different)
Address of office	of custody Room # 320 Municipal Blug.  (Name of building, room number, street address)
1. Title	(Lamp Post Wreck Reports)
(Give	e present full title in quates; assigned title, if any, in brackets. If record has had other titles, list them with dates or quantities
or both)	1025 1.1. 1020
2. Dates. /V	ov. 1925 — July 1939 (Earliest and latest dates: missing dates. Show exact date of breaks)
2 Quantity 16	5- File drawiers
	(Names of volumes file drawers file hoves hundles other)
4. Labeling	See Addenda
F D: 1:	(Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued	d and missing records (If record discontinued, give reason and state whether same information shown in another
record. Explai	n why records are missing, if possible)
6. Contents 7	eports from Police Districts Balto. City Polative to Cases (Purpose and general nature of record. Principal items of information shown. Summary of forms used in making record.
14/2010	Amp Posts have been damaged and the Policeman and uty
their headings,	etc. Af a very general or miscellaneous record, detailed information as to types of records contained and dates covered by
In that	Vicinity makes a note of the damage and When Possible given. Unless contents of these records are described by other Forms 12-13HR, such forms should be filled out and attached)
the no	ame and address of Party Involved, Policeman then
Make	Report to his respective Dist. Where the regular
	Report is made and then forwarded each day to this
Dept.	Report Shows details of Damage done and names of
Parties	involved NAME OF THE Policeman and Time of his

Arrangement Chron. By Date of Report  (Gronologically—by what? Numerically—by what? Alphabetically—by what?)  Indexing (Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that title and identification number?)  Writing Typed + How. On Letter heads marked Report  (Elfadwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15-File Jauner Jyy Nob. 14 Gach. Handwritten printed form. Typed printed. Printed. Photostat. Other. Give months and years covered by each kind of writing)  (Of record or container. Height, width, thickness or depth. Average number of pages for documents)  (Of record or container. Height, width, thickness or depth. Average number of pages for documents)  (Room. vault. wall—N. E. S. W., section, bin, shoff, cabinet, on floor)  **Reav Room # 318 [MUNICIP 21] Budg.**  Other information (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar whether record is known to have been kept cariler than dates shown in item 2)	nted head.
(Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that title and identification number)  Writing Typed + Hdw. ON Letter heads marked Report  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15-File drawers 434" x 10/2" x 14" Gach Abrox. 9000 (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  Location by dates and quantities INCQhinet by West Wall In N.W. Oar. Yav. (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  NEAV Room ## 318 MUNICIPAL Blag.  Other information (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar to the property of the printed hand. The page of	nted head.
(Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that title and identification number)  Writing Typed + Hdw. ON Letter heads marked Report  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15-File drawers 434" x 10/2" x 14" Gach Abrox. 9000 (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  Location by dates and quantities INCAhinet by West Wall in N.W. Oar. Yav. (Room. vault. wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  NEAV Room ## 318 MUNICIPAL Blag.  Other information (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar to the property of the prior of	nted head.
Indexing None  (Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that title and identification number)  Writing Typed + Hdw. ON Letter heads marked Report  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15-File drawers 434" x 10/2" x 14" Gach Abrox, 9000 (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  Location by dates and quantities Incaping by West Wall in I.W. Car. Yav. (Room. vault. wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  Near Room ## 318 ///Unicipal Blag.	nted head.
None  (Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that title and identification number)  Writing Typed + Hdw. ON Letter heads marked Report  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15-File drawers 434" x 10/2" x 14" Gach Abrox. 9000 (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  Location by dates and quantities Incaping by West Wall In It. Cor. Yav.  (Room. vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  Near Room ## 318 ///UMICIP 91 Blag.  Other information (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar.	nted head.
Indexing None  (Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that title and identification number)  Vitting Typed + Hdw. ON Letter heads marked Report  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15-File drawers 43/4" x 10/2" x 14" Gach Abrox. 9000  (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  Location by dates and quantities In Cabinet by West Wall in It. Work. Yav.  (Room. vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  Near Room # 318 Municipal Blag.  Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar.	nted head.
Viting Typed + Hdw. ON Letter heads marked Report  (Hindwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 15- File drawers 434" x 1012" x 14" Gach AbbROX, 9000 (Of record or container. Height, width, thickness or depth. Average number of pages pr documents)  Location by dates and quantities In Cahingt by West Wall in II.W. Oar. Yav. (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  NEAN Room # 318 MUNICIPAL Bldg.  Other information (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar to the page of th	nted head.
Viting Typed + Hdw. ON Letter heads marked Report  (Hindwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed. Photostat. Other. Give months and years covered by each kind of writing)  (Size 15- File drawers 434" x 10/2" x 14" Cach Hbb ROX, 9000 (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar contents)	
Printed. Photostat. Other. Give months and years covered by each kind of writing)  lize 15- File drawers 434" x 1012" x 14" Cach AbbROX, 9000 (Of record or container. Height, width, thickness or depth. Average number of pages or documents)  Location by dates and quantities In Cabinet by West Wall in I.W. Gar. Yav.  (Room. vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  NEAV Room ## 318 MUNICIPAL Blag.  Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	
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ocation by dates and quantities In Cabinet by West Wall in N. W. Car. Yav.  (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  NEAV Room # 318 MUNICIPAL Blag.  Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	o REbo
cocation by dates and quantities In Cahinet by West Wall in N. W. Car. Yav.  (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  NEAV Room # 318 MUNICIPAL Blag.  Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	
Other information(Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	
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Other information(Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	<u>!/.:</u>
(Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	
(Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar	
Whether record is known to have been kept earlier than dates shown in item 2)	ar records.
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Towns in Planida ) Forly impoints	
For use in Florida.) Early imprints(Author) (Publisher)	~~~~~~

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Delcher-Peyton-Mack
(Worker's full name)

11-3-39

(Date)

(Form Identification number)

# WORKS PROGRESS ADMINISTRATION

DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
WASHINGTON, D. C.

Gou	mty Baltimore City State Maryland
Naı	me of agency or office Bureau of Mechanical Electrical Service  (Office of custody) (Office which made the record, If different)
Add	dress of office of custody _ ROOM 320 MUNICIPAL BLDE. (Name of building, room number, street/address)
1.	Title Borlet & Equipment Reports) (Give present full title in quotes assigned title, if any, in brackets. If record has had other titles, list them with dates or quantities
2.	Dates. No dates
3.	Quantity 1- Bund/2. (Earliest and latest dates; missing dates. Show exact date of breaks)
4.	(Number of volumes; file drawers; file boxes; bundles; other)  Labeling See Fadenda  (Explain fully; years; numbers; letters; number of records so labeled)
5.	Discontinued and missing records (If record discontinued, give reason and state whether same information shown in another
	record. Explain why records are missing, if possible)
6.	Contents Bundle Contains Records perfaming to Boiler of Verification of Contents (Purpose and general nature of record. Principal items of information shown. Summary of forms used in making record. Showing Various Types of Combustion Plants + Equipme their headings, etc. If a very general or miscellaneous record, detailed information as to types of records contained and dates covered by Installed in Various Public Buildings, GIVING. DIMENSIANS each should be given. Unless contents of these records are described by other Forms 12-13HR, such forms should be filled out and attached)  AND Default performs to Same, Date of Report AND
	SIGNATURE OF PARTY MAKING REPORT.

6.	Contents—continued
7.	Arrangement ALPHA BY NAME OF LOCATION (Chronologically—by what? Numerically—by what? Alphabetically—by what?)
8.	Indexing(Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that form by
9.	title and identification number)  Writing Hdw. on Mimeographed Peport  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed head.
0.	Printed. Photostat. Other. Give months and years covered by each kind of writing)  Size 1- Bundle 2/2" x 8/2" x 11" Abarox. 400 RESORTS.  (Of record or container. Geight, width a lockness or depth. Average number of pages or documents)
1.	Location by dates and quantities 5th. Rowfrom Top in 7th. Bin from (Room, vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  E. Wall by South Wall in Warlt near Proom #318  Municipal Blds.
2.	Other information (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
	Whether record is known to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints(Author) (Publisher)
	(Place of publication) (Date of publication)

Add	enda ITEM 4.	MECHANICAL FLECTRIC SERVICE # 247 ALLWAY NEAR ROOM #318 MUNICIPAL BLDG.
/	ET ALL STATES OF THE SALE.	Mr. Frederick K. Junean Chief Engineer
		City Hall Baltemore Md From Howard
	-maray	O. Bennett 3117 Guilfridare
	Office II and the	Papers Lounedby Mr. Straus To Mr.
	The state of the s	Bennett from Bur. Mech. Elec. Service
	ansanfist	Pelative to Boiler Survey
		nermona) (elimpronum Bulli amplano ini hadalay ini ang
	paid to atminute.	- wind, - mos or most posses buttle blog _costs  [-vart to obstile consider content to the first b  obstic etech (costs but absolute to the first b  ound)offertioksdate besit _Cost wit to otherwise
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	articles areas	d totales range stinger has notherstance of calcining

DELCHER-MACK-ISILROY NOV, 8, 1939, #248
(Worker's full name) (Date) (Form identification number)

# WORKS PROGRESS ADMINISTRATION

DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. WASHINGTON, D. C.

County BALTIMORE CITY State MARVLAND
Name of agency or office BUREAU OF MECHAN ICAL FLETRICAL SERVICE  (Office of custody) (Office which made the record, If different)  Address of office of custody ROOM # 320 MUNICIPAL BUILDING.
Address of office of custody Room # 320 MUNICIPAL BUILDING. (Name of building, room number, street address)
1. Title TEMPERATURE REPORTS  (Give present full title in quotes; assigned title, if any, in brackets. If record has had other titles, list them with dates or quantities
or both)
2. Dates. /933 — (Earliest and latest dates; missing dates. Show exact date of breaks)
(Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / FOLDER,  (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling TEM PERATURE REPORTS- (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state whether same information shown in another
record. Explain why records are missing, if possible)
6. Contents FOLDERS CONTAIN BUREAU OF MECHANICAL (Purpose and general nature of record. Principal items of information shown. Summary of forms used in making record,  ELECTRICAL SERVICE TEMPERATURE REPORTS their headings, etc. If a very general or miscellaneous record, detailed information as to types of records contained and dates covered by  REPORT SHOWS BATE, SUBSECT, LOCATION, TIME: each should be given. Unless contents of these records are described by other Forms 12-13HR, such forms should be filled out and attached)  TEMPERATURE  NAME OF INSPECTOR TAKING TEMPERATURE AND MAKING  REPORT.

6.	Contents—continued
	Arrangement CHRONOLOGICALLY BY DATES Of Reports
1.	(Chronologically—by what? Numerically—by what? Alphabetically—by what?)
8.	Indexing
	title and identification number)
9.	Writing HANDWRITTEN ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed. Typed printed form. Typed printed head.
	Printed. Photostat. Other. Give months and years covered by each kind of writing)
0.	Size / FOLDER 10" X 14"2" FABROX. 365 REBORTS.  (Of record or container. Height, width, thickness or depth, Average number of pages or documents)
1.	Location by dates and quantities TN DRAWER IN CABINET CENTE OF ROOM #3.  (Room. vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)  MUNICIPAL BLDG
2.	Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
	Whether record is known to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

# 249

(Date)

(Form Identification number)

# WORKS PROGRESS ADMINISTRATION

DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS

THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
WASHINGTON, D. C.

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, D., -,	P	447		• : .
County BALTIMORE	<u>CITP</u>	State/Y/	<del>-</del>	
Name of agency or office	BURFAU OF	MECHANICAL	ELECTRICAL	SERVICE
•		•		
Address of office of custody	KOOM 3	20 MINNICIA	PAL BLDG	·
	; ,	(Name of building, room n	umber, street address)	
			······································	
1. Title MISCEL.	INVOICES OF	REPORTS)	•	
(Give present full titl	e in quotes : assigned title, if	REPORTS) any, in brackets. If record ha	s had other titles, list them	with dates or quantitles
	·	·		
or both)				
2. Dates. 1925 - 1	926- 1927.			
	(Earliest and latest	dates; missing dates. Show ex	cact date of breaks)	•
3. Quantity IFILE B	0 X ·			
3. Quantity IFILE B	(Number of	volumes; file drawers; file box	es; bundles; other)	
4. Labeling		vears ; numbers ; letters ; numbers		· · · · · · · · · · · · · · · · · · ·
		•	er of records so labeled)	
5. Discontinued and missing	ng records // U/// F	discontinued, give reason and	state whether same informs	tion shown in snother
	(11 100014	discontinued, give reason and	acace whether same informa	tion shown in another
record. Explain why records as	e missing, if possible)			·
			·	
6. Contents FILE BO (Purpose and go	X CONTAINS	INVOICES PE	ERTAINING TO	MATERIAL
(Purpose and ge	eneral nature of record. Pri	ncipal items of information s	hown. Summary of forms	used in making record,
FOR VARIOUS	ELECTRICAL	JOBS AND	A FEW WO	ORK ORDERS
their headings, etc. If a very	general or miscellaneous reco	ord, detailed information as t	o types of records contained	i and dates covered by
each should be given. Unless	TRANSFER	SLIPS. TRA	NSPORTATIO	N TIME
•		·		
SHEETS CHARG	ED AGAINST	ELECTRICAL	COMMISSION	LETTERS
AF Tourses	F 5 4 4/m 6 = 5	Ø . 5 . T		·
OF TEMPORARY	GRANTS 10	C. 4P. /ELEPH	ONE CO. PE	RTAINING 10
TUP I FASING	Ar Wines El	PALA PART	. = hu	Pu America
THE LEASING C	IF WINES IN	ON CHAIL	LEPHONE CU	PP CYNEISISH
DISTRICI TELEGRAPI	H CO. J SIENED	BY CHIEF C	PABLE INSPECTO	R NOTING THE
AMOUNT OF FEE	PAID TO ACC	COUNT NO.	·	
WPA Form 12-13HR—Revised		See reverse side)		16-6419

6.	Contents—continued	·	· · · · · · · · · · · · · · · · · · ·		
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			<b>-</b>	·	
				- <del></del>	
		·			
7		·			
	(Chronologically-hy w	hat? Numerically—by what? A			``
8.	Indexing <u>SELF CONTAINED</u> BY L (Self-contained—describe what it shows. If sep	ETTERED TAB	BED PAGES d place cross referen	ce here to that	ED) form by
	title and identification number)	•	<b>-</b>	- <b></b>	
9.	Writing HANDWRITTEN 9- TYPED (Handwritten, Handwritten printed form, H	ON JAVOICES Indwritten printed head. Typed	Y PRINT.  Typed printed for	ED FO m. Typed print	RMS. ed head.
	Printed. Photostat. Other. Give months and years covered by	y each kind of writing)			
10.	Size / F/IF BOX 3" × 11/2" X (Of record or container. Height, width,	thickness or depth Average nur	200 INVOIC	ES AND 19	EPORTS
		· · · · · · · · · · · · · · · · · · ·			·
11.	Location by dates and quantities BOTTOM	ROW 4 TH. BI	N FROM ection, bin, shelf, cab	EAST	WALL
	BY SOUTH WALL IN VAULT		NEAR		#= 318
	MUNICIPAL BLDG.				
	Other information				
14.		Relation to other records. Inform	nation on prior, subs	equent; or simila	r records.
	Whether record is known to have been kept earlier than dates				
		······································		·	
	<u></u>	································	<del>-</del>	<del></del>	·
		·			
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	·	<del></del>			
13.	(For use in Florida.) Early imprints	(Author)	<del>:</del>	Publisher)	
		(11441101)	,		
	(Place of publication)		(Date of publication	on)	

(Date

WORKS PROGRESS ADMINIS' RATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
WASHINGTON, D. C.

County BALTIMORE C	ITY State MD.
Name of agency or office BUREAU	OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody	ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)
Market Transport	
1. Title DISPO (Give present full title in quotes; as	SAL PLANT DAILY REPORT & WEIGHT TICKETS) signed title, If any, in brackets. If record has had other titles, list them with dates or quantities
or both)	
2. Dates. 1937 - 1939	
/ (Ear	liest and latest dates; missing dates. Show exact dat of breaks)
3. Quantity 1350 BUNDLE.	
4. Labeling NONE	(Number of volumes; file drawers; file boxes; bundles; other)
	Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records	Alana
. Discontinued and missing records	(If record discontinued, give reason and state whether same information shown in another
record. Explain why records are missing, if p	possible)
6. Contents CONSISTS OF 1 (Purpose and general nature	OISPOSAL PLANT DAILY REPORT OF RUBBISH HANDLED of record. Principal items of information shown. Summary of forms used in making record,
	2. WEATHER, TEMPERATURES AT VARIOUS 2. Collaneous record, detailed information as to types of records contained and dates covered by
	WEIGHMASTERS NAME COLUMN HEADING ese records are described by other Forms 12-13HR, such forms should be filled out and attached)
SHOWS TICKET NO.	TRUCK NO., DISTRICT, GROSS, TARE, NET,
REMARKS, TOTAL POUR	VDS , TOTAL TONS , TOTAL TO DATE , WEIGHT TICKETS
SHOW DISPOSAL PLANT NO	, LOCATION, TO PUREAU MECHANICAL ELEC. SERVICE
RECORD FROM BUREAU OF	STREET CLEANING & RUBBISH WEIGHT, GROSS
POUNDS TARE POUNDS 7 MI WPA Form 12-13HR-Revised	ET POUNDS 7 WEIGHMASTERS INITIAL 7 TRUCK NO. DISTRICT NO.  (See reverse side)

6.	Contents—continued WEIFHT TICKETS ARE ATTD. TO REPORT,
7	Arrangement NUMERICALLY BY NUMBER OF TICKETS & REPORTS
	(Chronologically—by what? Numerically—by what? Alphabetically—by what?)
8.	Indexing (Self-contained—describe what it shows. If separate, fill out a form for it, and place cross reference here to that form by
	title and identification number)
9.	Writing HDW ON PRINTED FORMS (Handwritten, Handwritten printed form, Handwritten printed head, Typed, Typed printed form, Typed printed head.
	(Handwritten, Handwritten printed form, Handwritten printed head, Typed printed form, Typed printed head.
	Printed. Photostat. Other. Give months and years covered by each kind of writing)
0.	Size 1350 BDLS. 1/2" x 4" X 9 " EACH FLOROX 9000 REDORTS FIND  (Of record or container. Height, width, thickness or depth. Average number of pages or documents)
	80 000 WEIGHT TICKETS
1.	Location by dates and quantities SFF ADDENDA ATTACHED  (Room. vault, wall—N. E. S. W., section, bin, shelf, cabinet, on floor)
2.	Other information(Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
	Whether record is known to have been kept earlier than dates shown in item 2)
3	(For use in Florida.) Early imprints
٥.	(Author) (Publisher)
	(Place of publication) (Date of publication)

BURFAU O	F MECHANICAL ELECTRICAL SERVICE
ADDENDA. ADDEN	DA ITEM 11, #250
	WAY NEAR ROOM #318 MUNICIPAL BLDG.
ITEM	LOCATION
240 BD4S	3d. ROW FROM TOP- 3D. BIN FROM EAST WALL
-taladus .	BY SOUTH WALL IN VAULT IN HALLWAY NEAR ROOM#318
150 BDLS.	4TH ROW FROM TOP 4TH, BIN FROM EAST WALL
fetnega - Introductio	BY SOUTH WALL IN VAULT IN HALLWAY NEAR ROOM#318
240 RDLS	3D ROW FROM TOP 4TH BIN FROM EAST WALL
and a section of the	BY SOUTH WALL IN VAULT IN HALLWAY NEAR ROOM#318
1 The second of	3D ROW FROM TOP GTH BIN FROM EAST WALL
(48)	BY SOUTH WALL IN VANLT IN HALLWAY NEAR ROOM #318
10.05300	ATH ROW FROM TOP- 3DBIN FROM FAST WALL
	BY SOUTH WALL IN YAULT IN HALLWAY NEAR ROOM #318
240 BDLS	
	BY SOUTH WALL IN VAULT IN HALLWAY NEAR ROOM#318

BALTIMORE CITY State MD.
Name of agency or office RUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNIPIPAL BIDE.  (Name of building, room number, street address)
1. Title SUMMARY OF DAILY CONSTRUCTION REPORTS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates MAY 1914 — MARCH 1916 (Farliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity 14 BUNGES.  (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records JULY, AUF, SEPT, OCT, NOV. DEC. 1914 (If record discontinued, give reason and state)
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents PONSISTS OF SUMMARY OF DAILY CONSTRUCTION (Purpose and general nature of record. Principal items of information
REPORTS, COLUME HEADINGS SHOW LETTER CLASSIFICATION shown. Summary of forms used in making record, their headings, etc. If a very
GRAVEL SAND CEMENT BRICK, T.C. CONDUIT TYPES 4. 6. 9., general or miscellaneous record, detailed information as to type of records
EIBRE CONDUIT 3 INCH + 2 INCH FIBER BENDS 3 INCH contained and dates covered by each should be oven. Unless contents of these
AND 2 INCH. CIBIC YARDS EXCAVATION. CUBIC YARDS records are described by other Forms 12-13HR, such forms should be filled out
CONPRETE: COAL OIL, HAULING, BURLAPS; DUCT PLASTER
WPA FOR: 12-13HRRevised (See reverse side) 16-6419

6.	Contents continued STICKUM, PIPE & BENDS, CASTINGS, COVERS,
	LUMBER, AND MISCEL.
	THIS RECORD SHOWS TOTALS TAKEN FROM VARIOUS CONSTRUCTION
	REPORTS FOR DATE SHOWN PERTAINING TO MATERIAL USED ON 1085
7.	Arrangement PHRONO BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Handwritten ON PRINTED REPORT (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 14 BD/S 1"X 111/2" X 18" EACH FISHROX. 33 L RESORTS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities /N BIN NO. 31 BY SOUTH WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	IN VAULT ROOM NEAR ROOM 102 CITY HALL BLDF eabinet, on floor)
10	
14,	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

Sounty BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 390 MUNICIPAL BLDG (Name of building, room number, street address)
1. Title DAILY INSPECTION REPORT OF MANHOLES (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1933 ONLY AND 1936 - 1938
2. Dates 1933 ONLY AND 1936 - 1938 (Farliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity 4 BUNDES.
3. Quantity # Bundles. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SEE ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE IN DATES SHOWN (If record discontinued, give reason and state
Whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF INSPECTION REPORTS OF MANHOLES PERTAINING (Purpose and general nature of record. Principal items of information
TO THE CLEANING AND INSPECTION OF MANHOLES SHOUSINE shown. Summary of forms used in making record, their headings, etc. If a very
NAME OF FOOT ON PUMP CREW, DATE OF REPORT, TIME, general or miscellaneous record, detailed information as to type of records
Contained and dates covered by each should be given. Unless contents of these
WATER OR DRY MANHOLE AND AMOUNT OF DIRT REMOVED records are described by other Forms 12-13HR, such forms should be filled out
FROM MANHOLE and attached)

Contentscontinued			
Arrangement CHRONO, BY DATE OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)			
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,			
and place cross reference here to that form by title and identification number)  Writing FORM: (Handwritten: Handwritten printed form. Handwritten printed head. Typed.			
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months			
and years covered by each kind of writing)  Size # BDIS, #" X 5 1/2" X 9" EACH, Abbrox 2800 RELORTS.  (Of record or container. Height, width, thickness or depth. Average number of			
pagos or documents)			
Location by dates and quantities /BDI YEAR 1933 ONLY IN DRAWER IN CASUM. (Room, vault, wall-N.E.S.W., section, bin, sholf,			
CENTRE OF ROOM 322 MUNICIPAL BLDG. 3 BDLS -1931 To 1938 IN STH BIN cabinet, on floor)			
FROM F. WALL 5 TH ROW FROM TOP BY SOUTH WALL IN VALUE NEAR ROOM 318 NUMBERS			
(Condition of record if not good. Relation to other records.			
Information on prior, subsequent, or similar records. Whether record is known			
to have been kept earlier than dates shown in item 2)			
 (For use in Florida.) Early imprints (Author) (Publisher)			
(Place of publication) (Date of publication)			

	BUREAU OF MECHANICAL FLECTRIC SERVICE
ADD	BUREAU OF MECHANICAL FLECTRIC SERVICE
	4. YAULT IN HALLWAY NEAR ROOM #318 MUNICIPAL BLDG. # 252
1	Bundle Labeled Reports of Manholes Cleaned year 1936
1	" Gleaning Manhole Reports year 1937
1	" " Manhote Inspection Reports year 1938
6	
	Total Late through American annerted of Sthern as Actual Esternes with
	Critanian Critae (314r. SB). (838)
	Later to the selection of the selection

County BAITIMORE	CITY State MD.	
Name of agency or office BULL (Office	REAU OF MECHANICAL cof custody) (Office which made	the record, if different)
Address of office of custody	ROOM 320 MUNIC (Name of building, room num	ber, street address)
1. Title CONS. FAS & (Give present ful	ELFC. CO. DUCT SPACE AN 1 title in quotes; assigned titl	e, if any, in brackets.
If record has had other	titles, list them with dates or	quantities or both)
2. Dates /927 - /928 (Earliest and	1934 - 1938 Natest dates; missing dates. Sh	ow exact date of breaks)
3. Quantity & Bund F	volumes; file drawers; file boxe	s; bundles; other)
4. Labeling (Explain fully; y	ONE ears; numbers; letters; number o	f records so labeled)
	cords 1929-1933 (If record discontinued,	
	1920-19	the same stocking
whether same information	shown in another record. Expla	in why records are
missing, if possible)	95 APROLITIES SERVICES (19, 104) 41	
6. Contents ONSISTS OF RE (Purpose and gen	eral nature of record. Princips	AND ELECTRICAL CO, TO.  1 items of information
Shown. Summary of forms	used in making record, their he	ve to REPAIRS AND RESERVE
general or miscollaneous	record, detailed information as	SPACE CLASS OF WORK,
Contained and dates cove	red by each should be given. Un	SITE AND CLASS OF less contents of these
CABLE, DISCRIPTION O records are described by	F WORK ORDER NO. ACC. other Forms 12-13HR, such forms	Should be filled out
OF CONS, EAS & FLEC, and attached)	CO., AND SIGNATURES	DE CITY OFFICIAL.
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

•	Contents continued CHECKING AND APPROVING WORK
	RECORDS ARE KEPT FOR THE PURPOSE OF CHECKING ERRORS.
	Arrangement CHRONO, BY DATE OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-containeddescribe what it shows. If separate, fill out a form for it,
	(Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
	Writing Handwritten ON PRINTED FORM. (Handwritten Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	Size 3 BDIS. 31/2" X 81/2" X 11" FACH - 1 BDI. 4"/4" X 81/2" X 11" - 2 BDIS. (Of record or container. Height, width, thickness or depth. Average number of
	63/4" X 81/2" X 11" EACH - 1 BDL 2" X 81/2" X 11" - 1 BDL 5"X 8/2" X 11" pages or documents)
	Total Approx. 1600 REports:
	Location by dates and quantities / BD1 /928 ONLY / BD1 /938 ONLY IN DRAWER (Room, vault, wall-N.E.S.W., section, bin, sholf,
	IN CABINET CENTRE OF ROOM 322MUNICIPAL BLDE / BD, 1927 ONLY cabinet, on floor)
	IN 2d BIN FROM EAST WALL IN TOP ROW BY SOUTH WALL AND IBDL 1934 TO 1938 INCL. IN 5TH BIN FROM EAST WALL IN 5TH ROW FROM TOP BY S. WALL IN VAULT NEAR ROOM 314 MUNICIPAL B
	Other information RERORDS FOOD
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(Date of publication)

254.

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)
1. Title (REPORTS OF WRECKED OR DEFECTIVE LAMP POSIS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /935 - SFF71/939 (Earliest and latest dates; missing dates. Show exact date of breaks)
7 Auntitus O Parce
3. Quantity 9 BOXES. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SFF ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE SEE SERIAL NO. 255 (If record discontinued, give reason and state
Whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REPORTS MADE BY POLICE COMS, TAS YELEC. CO. (Purpose and general nature of record. Principal items of information
AND AMERICAN STREET LIFHTINE CO. RELATIVE TO DEFECTIVE shown. Summary of forms used in making record, their headings, etc. If a very
GR WRECKED LAMP POSTS POLICE REPORT SHOWS DISTRICT DATE, general or miscellaneous record, detailed information as to type of records
CONTAINED, KIND OF LAMP TIME FIRST SEEN OUT, TIME REPORTED, contained and dates covered by each should be given. Unless contents of these
TIME REPORTED TO STATION HOUSE NAME OF PERSON RECEIVING records are described by other Forms 12-13HM, such forms should be filled out
MESSAGE NAME OF OFFICER WHO SENT MESSAGE, TIME THAT and attached)
WPA FOR 12-17HR-Boyised (See revenue side) 16 6419

6.	Contents continued LAMP WAS RELIGHTED & SIGNED BY POLICE CAPTAIN DE
	DISTRICT, SEE COPY OF POLICE REPORT ATTO, TASCO, AND AMER. ST. LIGHT
	CO., INSPECTORS MAKE A SIMILAR REPORT WHICH IS ATTO TO POLICE REPOR
7.	Arrangement CHROND, BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONF (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED FORMS. (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 9 BOXES 101/2" X 13" X 15" EACH HbbRo X 12 000 REBORTS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities // 6 BINS 5 THROW FROM TOP BY NORTH (Room, vault, wall-N.E.S.W., section, bin, shelf,
	WALL IN VAULT NEAR ROOM 318 MUNICIPAL BLDE, cabinet, on floor)
.2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

## Bureau of Mechanical- Electrical Service

254		318	がい	177	Roo	1+ by	4 Vau	da ITEM	dden	A
L. Co. Jan 1, 1935 Aug. 30, 1935										
" Sept, Oct, Nov, Dec, 1935								0	1 1 1 1 1 1 1	
" Feb.1,1936 - Sept 30,1936	01	4)	**	Pt	"	H	h	n	11	1
oct., Nov., Dec., 1936 to	"	٨	0,	de	F-1	PI	()	11		
"April-to Oct., 1987	4	1.	£9	M	10	Ð	11	n	h	1
Nov., Dec., 1937, Van. To May 1938	, ,	/1	- bs	To .	1	te	h	11	٨	1
" Une - to Oct., 1988								n	A	_/
"Van.1,1938 to Jan. 1939	11	11 11	11	1,	11	//	A	/1	11	1
Jan.1,1939 to Sept. 1939		4 4	60	1,	ti	66	//	H	"	1

FORM 79 BME MDB 8353L

# Police Report\_\_\_

District

BUREAU	OF	MECHANICAL	ELECT	RICAL	<b>SERVICE</b>
	٠	LIGHT	ING	DIV	ISION.

Baltimore,	_ 193_
,	"

Baltimore, Md.

The following Street Lamps were found to be out of service in this district last night and were reported to this Station House as stated below:

LOCATION	Kind of Lamp	Time First Seen Out	Time Reported to Station House	Name of Person Who Received Message	Name of Officer Who Sent Message	Time That Lamp Was Relighted
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WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 MUNICIPAL BLDF.  (Name of building, room number, street address)
1. Title REPORTS OF WRECKED OR DEFECTIVE LAMP POSTS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1939 ONLY (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / Bunder of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
FOR PREVIOUS DATES SEESERIAL NO. 254 whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REPORTS MADE BY POLICE CONS.  (Purpose and general nature of record. Principal items of information
Shown. Summary of forms used in making record, their headings, etc. If a very
CO. RELATIVE TO WREEKED OR DEFECTIVE LAMP general or miscellaneous record, detailed information as to type of records
POSTS OR LIEHTS, THIS IS THE SAME FORM OF contained and dates covered by each should be given. Unless contents of these
REPORT AS SHOWN ON SERIAL NO. 254 SEE THAT records are described by other Forms 12-13fir, such forms should be filled out
SERIAL FOR DETAILS OF CONTENTS AND COPY OF FORM.
WPA FOR: 12-13FRRevised (See reverse side) 16-6419

6.	Contents—continued
7.	Arrangement CHRONO, BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TPFD ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typod printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / BDL. 5" X 9" X /2" Abbrox. 900 REborts (Of rocord or container. Height, width, thickness or depth. Average number of
	pages or decuments)
11.	Location by dates and quantities ON OAK TABLE IN CENTRE OF (Room, Vault, Wall-N.E.S.W., section, bin, sholf,
	ROOM 320 MUNICIPAL BLDF.
12.	Other information (Condition of record if not good. Achation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

#### WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS

THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. WASHINGTON, D. C.

County BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDG (Name of building, room number, street address)
1. Title (INSPECTOR'S DAILY REPORTS OF DUCT SPACE) (Give present full title in quotes: assigned title, if any, in brackets. If record has had other titles, list them with dates or quantities
or both)
2. Dates. 1935—1938.  (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity 4 BUNDLES.
(Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE  (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE
(If record discontinued, give reason and state whether same information shown in another
record. Explain why records are missing, if possible)
6. Contents CONSISTS OF INSPECTARS DAILY REPORT OF DUCT (Purpose and general nature of record. Principal items of information shown. Summary of forms used in making record,  SPACE OCCUPIED GIVING NAME OF FIRM RENTING DUCT their headings, etc. If a very general or miscellaneous record, detailed information as to types of record contained and dates covered by
SPACE FROM CITY AND LOCATION BY STREETS OF RENTED SPACE, each should be given. Unless contents of these records are described by other Forms 12-13HR, such forms should be filled out and attached)  HEADING READS BUREAU OF MECHANISAL FLEC, SERVI
BALTIMORE CITY. INSPECTORS DAILY REPORT OF DUCT SPACE
DATE AND NAME OF LESSEE COLUMN HEADINGS SHOW ON,
FROM, TO, DUCT, CLASS OF CABLE, INSPECTOR'S NAME, AND
REINARKS,

12.	Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.  Whether record is known to have been kept earlier than dates shown in item 2)
112.	Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
12.	Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
12.	Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
12.	Other information  (Condition of record if not good. Relation to other records. Information on prior, subsequent, or similar records.
12.	/N MUNICIPAL BLDG  Other information
	IN MUNICIPAL BLDG
	이번에 살아보니 현실을 보는 어려면 보는 사람들이 되었다. 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
	BY SOUTH WALL IN VAULT NEAR ROOM # 31
11.	Location by dates and quantities 5 TH, ROW FROM TOP, 4THBIN FROM EAST WALL (Room, vaux, Wall—N. E. S. W., section, bin, shelf, cabinet, on floor)
	Approx. 12 000 REPORTS.
10.	Size 2. BdLs. 5"X 7/2" 12" FACH - 2 BDLS. 5"X 7/2" X 15" FACH.  (Of record or container. Height, width, thickness or depth. Average number of pages or documents)
	Printed. Photostat. Other. Give months and years covered by each kind of writing)
	Handwritten printed form, Handwritten printed head. Typed printed form. Typed printed head.
9.	Writing HANDWRITTEN ON PRINTED FORMS.
	title and identification number)
8.	Indexing
	(Chronologically—by what? Numerically—by what? Alphabetically—by what?)
7.	Arrangement CHRON BY DATE OF REPORT.
	Contents—continued
6.	

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BAITIMORE CITY State MD.
Name of agency or office BUREAU MECHANICAL ELECTRICAL SERV. (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICAPAL BLDE (Name of building, room number, street address)
1. Title (YARD WATCHMEN CALL REPORTS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /926-1927 1934 To DATE (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / FOLDER 5 BUNC FS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SFF ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE MISSING IN DATES SHOWN
CAN NOT LOCATE REPORTS FOR 1928 To 1933 INC. EVIDENTLY DESTROY whether same information shown in another record. Explain why records are
missing, if possiblo)
6. Contents <u>CONSISTS</u> OF <u>REPORTS</u> OF <u>CALLS</u> <u>RECEIVED BY WATCHMEN</u> (Purpose and general nature of record. Principal items of information
AT FIECTRICAL YARDS FOR INSPECTION DIVISION SHOWING shown. Summary of forms used in making record, their headings, etc. If a very
DAJE: HOUR, NAME OF WATCHMAN, NAME OF INSPECTOR MAKING
EMERGENCY INSPECTION CHAUFFFURS NAME AND DETAILED REPORT. contained and dates covered by each should be given. Unless contents of these
records are described by other Forms 12-13hR, such forms should be filled out
and attached)
WPA FORM 12-13HRRevised (See reverse side)

Contentscontinued
TOTAL BUTTOUR MEDICAL MANAGEMENT AND
Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing NONE.  (Self-contained-doseribe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing HANDWRITTEN ON PRINTED FORMS. (Handwritten Handwritten printed form. Handwritten printed head. Typed.)
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size 3 BDLS 2" X 81/2" X 11" EACH - 1BDL 4" X 81/2" X 11" - 1BDL 3"X81/2" X 11" (Of record or container. Height, width, thickness or depth. Average number of
Abbrox. 1800 REPORTS. 1 folder 3x81/2 XII Approx 360 REports
Total 2160 PEDORTS.
Location by dates and quantities 4 BDIS 1934-01938 IN 41H BIN FROM EAST WALL STHROW (Room, vault, wallN.E.S.W., section, bin, sholf,
FROM TOP BY S. WALL IN VAULT NEAR ROOM 318 MUNICIPAL BLDS - IFOLDER 1939 Cabinet, on floor) IN DRAWER IN CABINET CENTER OF ROOM 322 MUNICIPAL BLDS I BOL 1926 - 1927 ON
TOP OF CABINET BY EAST WALL IN VAULT NEAR ROOM 102 CITY HALL BLOF.
Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
For uso in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)
CIN-31 ( See on water or 8) Light or Control of the

Serial = 257.

## BUREAU OF MECHANICAL-ELECTRICAL SERVICE

SUBJECT:

DATE

REPORT SHOWING ALL CALLS RECLIVED BY WATCHMEN AT GAY ST. YARD

EMERGENCY INSPECTION CHAUFFEUR  GIVE DETAILED REPORT
GIVE DETAILED REPORT
GIVE DETAILED REPORT

Adden	da ITEM 4 !	BOOM 320 MUNICIPAL BLDG.
1		Emergency Yard Reports from Jan. 1, 1933 - Dec. 31, 1934
1	11 11 11	1936
/	/, /·	Emergency Sheets from Gay St. Yard Jan. 2, 1937 - Dec. 31, 1937
1	THE STREET STREET, STR	Emergency Inspector's Reports From 1-1-38- 12-31-38
/	THE POSTOR	YARD WATCHMANS CALL REPORTS 1926-1927
1	FOLDER NO	The strain among anthony S are 127 Sec. 1410v to a s
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	Application of the same of the	TREE CHICAL MANAGEMENT OF MAIN DANGEMENT OF MANAGEMENT OF
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WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MD
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody (Office which made the record, if different)  Address of office of custody Room 320 NUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title (INSPECTORS SMOKE CONTROL REMAI BOKS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1932 — 1938 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity // FILE DRAWERS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  NONF  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF BOOKS CONTAINING DAILY REPORT OF INSPECTION.  (Purpose and general nature of record. Principal items of information
MADE BY SMOKE INSPECTORS SHOWING PATE OF ORSERVATION shown. Summary of forms used in making record, their headings, etc. If a very
NAME AND LOCATION OF BUILDING TIME OF OBSERVATION, Ageneral or miscollaneous record, detailed information as to type of records
SMOKE DEGREE CODE NO. SEE SERIAL NO 259 FOR COPY contained and dates covered by each should be given. Unless contents of those
OF SMOKE DEFREE CHART. records are described by other Forms 12-13HR, such forms should be filled out
and attached)
WPA FOR: 12-13FRRevised (See reverse side) 16-6419

6.	Content s-continued
. 7.	Arrangement NO ATTEMPT MADE AS TO ARRANGEMENT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing SFIF CONTAINED SHEET SHOWING FIRM NAME AND (Self-contained-describe what it shows. If separate, fill out a form for it,
	PAFE NO. and place cross reference here to that form by title and identification number)
9.	Writing Handwritten PAFES.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size // F/14 DRAMFRS 4/4" X 13" X 183/4" FACH.  (Of record or container. Height, width, thickness or dopth. Avorage number of
	Total 137 INSPECTORS BOOKS.  pages or documents)
11.	Location by dates and quantities /N CABINET IN CENTER OF VAULT (Room, vault, wall-N.E.S.W., section, bin, sholf,
	ROOM NEAR ROOM 318 MUNICIPAL BLDE.
10	
16.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SHRYEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State	MD
Name of agency or office BUREAU OF MECH. (Office of custody) (Office	ANICAL FIECTRICAL SERVICE which made the record, if different)
Address of office of custody Room 320 (Name of building	MUNICIPAL BLOG ng, room number, street address)
1. Title (SMAKE CONTROL REPORT BOOKS + OF) (Give present full title in quotes; a	FENDRA NOTICES) ssigned title, if any, in brackets.
If record has had other titles, list them w	ith dates or quantities or both)
2. Dates 1932 — - (Earliest and latest dates; missi:	ng dates. Show exact date of breaks),
3. Quantity 4 DRAMERS. (Number of volumes; file drawer	s; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; lette	
5. Discontinued and missing records NONE	iscontinued, give reason and state
whether same information shown in another ro	cord. Explain why records are
missing, if possible)	
6. Contents CONSISTS OF SMOKE INSPECTORS DAILY (Purpose and general nature of record	REPORT ROOMS SHOWING DATE TIME d. Principal items of information
OF OBERVATION LOCATION OF BUILDING shown. Summary of forms used in making reco	NAME OF FIRM, DEFRE OF SMOKE rd, their headings, etc. If a very
SEE ATTO COPY OF SMOKE DEFREE general or miscellaneous record, detailed in	CHART ATTO TO SOME REARDS formation as to type of records
COPIES OF OFFENDER NO contained and dates covered by each should be	TICHS SHOWING DATE OF NOTICE of these
NAME OF OFFENDER NOTIFICATION records are described by ther forms 12-13m.	ON TO FIRM OF SMOKE NUISANCE, such forms should be filled out
TIVINE FIRM 10 DAYS IN WHICH NUIS	ANCE MUST BE ABATTED
WPA FORM 12-13HRRevised (See roverse	

(For use in Florida.) Early imprints (Author) (Publisher)
to have been kept earlier than dates shown in item 2)
Information on prior, subsequent, or similar records. Whether record is known
Other information (Condition of record if not good. Holation to other records.
PARTITION IN ROOM 321 MUNICIPAL BLDE,  Cabinet, on floor)
Location by dates and quantities /N CABINET NORTH SIDE OF GLASS (Room, vault, wallN.E.S.W., section, bin, sholf,
pages or documents)
Of record of container. Height, width, thickness or depth. Average number of Tolal 30 REPORT Books AND boffender Notice books.
and years covered by each kind of writing)  Sizo " # DRAWERS //"X /2" X 27" EACH.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
Writing How & Treed ON PRINTED & RULED FORMS. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
and place cross reference here to that form by title and identification number)
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
Arrangement CHRONO, BY DATE OF REPORT - NUM. BY OFFENDER NOTICE NO (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
SERVED, SIENED BY INSPECTOR.
Contents—continued OR LEFAL PROCEEDINES WILL BE STARTED SIENED BY COM BOTTOM PART OF NOTICE CONTAINS COUPON SHOWING DATE NOTICE WAS

Buteau of Mechanical Electrical Service

Smoke Control Div. Room #321 Monicipal Bldg: #259

Smoke Degree Chart.

Clear Stack - % - # 0

Smoke Dark - 20% - # 1

CI	ea	r	Sta	cf	<-	- %	-#	U
81	no	Ke	Da	rK	-	20%	-#	1
11	*1	11	1.	/1	-	40%	-#	2
11	21	11	11	žì		600/0	-#	3
h	11	11	61	11	top district	80%-	-#	4
11_	11	11	ti	11	_	100%-	-#	5

The above chart was taken from

Smoke Inspector's Report Book.

al # 413

M.D.B. 4563

DEPARTMENT OF PUBLIC WORKS

Serial # 259

1201 Nº

BUREAU OF SMOKE CONTROL Room 321 Municipal Building

	Baltimore, 193
This form is mailed	There is a nuisance on your premises, numbered to supposed Offender Street, caused by the
discharge of prohibited smoke from the chimney wh	nich has become offensive
	You are hereby required to cause the said nuisance to his notice; otherwise you will be proceeded against agreed Ordinance of the City of Baltimore in such case made No. 1296, title "Health," sub title Smoke.
Office Hours: Daily 10 A.M. to 12 A.M.	
	Commissioner for Smoke Control.
То	
To be Detached and Returned	to Commissioner for Smoke Control
	Baltimore,, 193
I CERTIFY, That Notice No.	was served this day.
This form is pasted in	Copy Book on I Blank page and
any remarks or notes are will	Ver in Blank space oupage. Inspector
Received by notices ore Kept in B	lev in Blank space oupage. Inspector ook numerically by Stamped Notice number

WOFKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MD.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 MUNICIPAL BLDE.  (Mame of building, room number, street address)
1. Title CONSTRUCTION REPORT"
1. Title CONSTRUCTION REPORT (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1904 — 1915
(Earliest and latest dates; missing dates. Show exact date of breaks),
3. Quantity /40 BUNDLES.
3. Quantity 140 BUNDLES, (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling CFF ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
(Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE
5. Discontinued and missing records NONF (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF CONSTRUCTION REPORT SHOWING (Purpose and general nature of record. Principal items of information
REPORT NO. SUPT'S ORDER NO. ACCOUNT CHARGED TO, shown. Summary of forms used in making record, their headings, etc. If a very
DATE LOCATION OF WORK CLASSIFICATION AS TO
TRENCH PAVING OR MANHOLE WORK GIVING LABOR contained and dates covered by each should be given. Unless contents of these
PLACE FIRM TION HOUSE AND BOOK AND ITEMS
records are described by other Forms 12-13fiR, such forms should be filled out
LIST OF MATERIALS USED UNDER EACH CLASSIFICATION and attached)

6.	Contents—continued REFERRED TO, ATTACHED TO CONSTRUCTION REPORT
	IS AN EMERGENCY REPORT, A ROPRING REPORT AND A HAULING
	REPORT PERTAINING TO LABOR COST SHOWING A CLASSIFIED LIST
	OF WORK PERFORMED AND CHARGE FOR EACH CLASSIFICATION.
7.	Arrangement /N BUNDLES CHROND BY MONTH Y YEAR (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Bollwood and To Mondo To Brown 11 11 11 11 11 11 11 11 11 11 11 11 11
	and place cross reference here to that form by title and identification number)
9.	Writing Hadre ON PRINTED REPORTS.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	(Handwritten. Handwritten printed form. Handwritten printed nead. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size 140 BUNDLES AVERAGE 7" X 12" X 22" FACH.  (Of record or container. Height, width, thickness or depth. Average number of
	Total Abbrox, 41000 sheets.
	pages or documents)
1.	Location by dates and quantities // BINS 1-2-3-4-5-10-11-12-13-19-20 (Room, vault, wall-N.E.S.W., section, bin, sholf,
	21-22-28-29-30-31 BY SOUTH WALL IN VAULT NEAR cabinet, on floor)
	ROOM 102 CITY HALL BLDE.
2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
7	(For use in Themis ) Fully in the
ر «.C	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

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OF MECHANICAL FLECTRIC. ITEM 4 ROOM #320 MUNICIPAL BUILDING ADDENDA-VAULTIN HALLWAY NEXT TO 1 Balle Labeled. May 1905. tune 1905 July 1905 any 1905 SEpt 1905 Oct 1905 NOO. 1905 Jun 1906 Freb 1906 Mas 1906 apr. 1906 May 1906 June 1906 mly 1906 any 1906 Sept 1906 Oct 1906 nov 1906 Dec 1906 Jun 1907 Frely 1907

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May 1907

DELCHER-MACK-KILROY 260 13 UREAU OF MECHANICAL FLECTRIC SERVICE 1 Ball. Labelled. June 1907 Certy 1907 Sept. 1907 Det 1907 nov 1.907 Dec 1907 Jan. 1908 Frely. 1908 march 1908 2 May 1908 June 1908 Sept 1908. Oct 1908 nov 1908 Dec 1908 Jan 1909 Frebe. 1909 May 1909 may 1909

260 DELCHER-MACK-KILROY 130 REAU OF MECHANICAL ELECTRIC SERVICE MUNICIPAL BUILDING 1 Ball Falleles June 1909 uly 1909 any 1909 Sept 1909 Oct 1909 nov 1909 Dec 1909 Jan 1910 Frely 1910 may 1910 may 1910 June 1910 July 1910 aug 1910 Sept 1910 Oct 1910 nov 1910 Dec 1910 Jun 1911 May 1911 apr 1911 muy /911

260 DELCHER-MACK-KILROY BUREAU OF MECHANICAL ELECTRIC SERVICE ITEM4 ROOM # 320 MUNICIPAL BUILDING ADDENDA- VAULT INHALLWAY NEXT TO 1300M 102 CITY HALL 1 Bille Fubile June 1911 nly 1911 any 1911 Sept 1911 Oct 1911 1 nov 1911 Dec 1911 Jun 1912 Field. 1912 May 1912 aps 1912 may 1912 hune 1912 uly 1912 any 1912 Sept 1912 det 1912 no0 1912 Dec 1912 1 hun 1913 Filly 1913 may 1913 Ups 1913

DELCHER-MACK-KILROY # 260 BUREAU OF MECHANICAL ELECTRIC SERVICE ITEM4 ROOMH 320 MUNICIPAL BUILDING ADDENDA-VAULT INHALLWAY NEXT TO POOLY 102 CITY HALL 1 Bale Labeled June 1913 July 1915 any 1913 Sept 1913 Oct 1913 nov 1913 Dec 1913 37 Bolles Wnlabeled Rep. 1904-1914-1915

No. 1514 D. Supt.'s Order No. Supt.'s Order No.	9/3·			
Charge to Munk Line on Scott				
Serial #2	08			
Rodding				
CLASS HRS. COST CLASS HRS.	COST			
Foreman, Foreman,				
G-Boss, G. Boss,				
Labor,				
RODDING				
Measuring				
CLASS HRS. COST				
Foreman, Labor,				
G. Boss,				
Total Labor Cost,				
Labor, Material				
627 6 6 7 16 7 20	QUANTITY			
Cleaning Manholes				
CLASS HRS. COST				
Foreman, Coal Oll, Gais	,			
G. Boss, EXPENSE/				
REMARKS				
r,				
ENSE.				
Moving, Watching, Holidays, Etc.				
CLASS HRS. COST	P Aug			
Foreman,				
G. Boss,				
Labor, & VO				
EXPENSE. /				
(Sign)  A. M. Mo	al.			

EMERGEN	CY REP	ORT.	Elec	ctrical C	ommission.	
No. 11 B. Sunt's Order No. 1 Date: June 26-15						
Supt.'s Order	No.	11:				
		- 11	1/90	(lains	# 238	
Charge to_	1	01	0	24.5.04.4		
Charge to	Townell	Line on	Landra	le	St.,	
0 .	1	Line on	1/		77,500/	
Bet-B	wow	dway	4 mil	A milton ave		
	LABOR	1	I X	MATERIAL		
CLASS	HRS.	COST	CLASS	KIND	QUANTITY	
Dist Foremen		141	/			
F nen,5a	8	350	/	1		
G. Bosses,			1	1		
**			1 = 1			
Pipe Fitters,			111	11		
For, Brklayers			11 11 1	1		
Bricklayers,		1	111	11		
		/ /	111	1		
Labor,	9	200	111			
ALLES VI.	0	17	111			
		1/	1			
		X	1			
Carts, Dirt,		1	Coal Oll,		Gals.	
Teams, "		1/	Cour on,		Gais, 2	
Tours,		/	EXPENSE.	1		
				RÉMARKS		
		1	Rain.	REMARKS		
			P.SSILIEU.			
			Sunday.			
-		17 .2	Hollday.			
Linesmen, 25	18	300	Moving from	n	-	
Linesmen,	17	1/100	1 7	T 9 770	()	
Watchmen,	16	4/00	A	RELIE		
Carts, Mat'l.		1		1	THE Y	
	1	111		1	1	
* 10 * 10 * 11	1	10	1		U	
Labor, EXPENSE.		4	4	A		
BAPENSE,			Drei	court		
Total,	/	2 10	·	0		
		(SI	lgn)			
			Ø 1	mul		
			6.0	mue	ean	

The section of								1	
Supt.'s Order No.	V.	3.	I in an Market	Date:	e: 3-17-8	Charge Account:	- 14	LAFERGE	100
	-	Between	September 6.	and Arrest eff.		7	DISTR	CILCE	£
X	1	TRENCH		PAVING		MANHOLES,	LES, ETC.		
LABOR		W	MATERIAL.	LABOR	LABOR		MAT	MATERIAL	
CLASS HRS. COST	CLASS	KIND QUANTITY	TERRA COLTA CONDUIT	CLASS HRS. COST	CLASS HRS. COST	S	E	LASS	KIND QUANTITY
Dist. Foreman,	Lumber,	Pt.	S. No. Length Buct Feet	Dist. Foreman,	Dist Foreman	Cumber,	Ft.,		1
Foremen,	:	:	1	Foremen,	Foremen,	:	=		
G. Bosses,	: :	: :		G. Bosses,	G. Bosses,	=	• ;		)
7	Nails,	Lbs.		P. Fitters,		Nalls,	Lbs.		
or. Bricklay's.	Stone.			Bricklavers.	Porm. Brickl'rs	Stone.			N. Salar
Bricklayers,	Sand,				_	Sand,			
	Cement,	Bags		Cabor, 6		Cement,	Bags,		
	Bricks,	No.	CONDUIT						
1		1	FIBRE CONDUIT—ST	Laboc	Labor,	ks,		MANHOLE	
1		\ \	S. No Length Duct Feet		TANHOLE	:	% Rd.,		
Condutt,		1		Linesmen	Carts, Dirt,			Coal Oil,	Gals.,
				Watchmen		I-Beams,	x . No.	EXPENSE	
EXCAVATION,	EXCAVATION			Carts, Mat'l.	RIOHOLB		100	FOR CO	FOR CONCRETE
	10000	444	TOWNS	1	1	iels,	: . ×	Stone,	
Carts, Dirt,	Coal Oil,	Cais.		Labor,	Mat. Clerks,		: · ×	= 1	
(camp)			S. K. No. Length Duct Feet	MATERIAL	Unesmen,	Castlnos.	No.	Sand,	
	EXPENSE			Class Kind Quantity	Carts, flat'i,	-		Cement,	Bags.
HAULING,		FOR CONCRETE	/ /	Bricks, No. 140		Covers,			
Inesmen,	Stone,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\		:		
Lincomen.	Sand			Stone,	CADOR.	Manage Date	7		
Watchmen,	'num'		CONDUIT	Coment, Bags.		Hanger Dolls,	140.	MANHOLE	
Carts, flath,	Cement,	Bags	TRENCH/LOCATIONS		EXCAVATION	MANHOLE		Cubic Yards,	
Tool Wagou,	1		From	PAVING	Length Width Depth Cu.Yds.		GENERAL	REMARKS	
	-		to Epones	MDACHDOMENTE	\				
	1		to	Class Length Width Sq.Yds.	\				4
EXPENSE,	CONCRETE	1	From	40,0 2.6					
Total.	Cubic Yards,		to	1					
Z		I	From				٠		
Length Width Depth Cu.Yds.	Burlaps,	.6	to		MANHOLE				
	=	V	From		MANHOLE LOCATIONS				
	D Dinefore		to Brown	PAVING	Yt				
	** **	1	to	PAVING LOCATIONS					
	" Stickum,"	Bkts.	From	At Janes of 1st oner al deline	1				
	Coke,	Bu.	to	1/		(Sign)			100
The state of the s	1		From	= 1					
			From	: :	: :	Mic &			
						Towns and	- Conference - Con		

Sorton

Deleher Mach Dilwerth 1-5-1940 No. 26/ (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Genty Baltimore City State Moryland
Name of agency or office (Office of custody) (Office which made the record, if different)
Address of office of custody Mame of building, room number, street address)
1. Title MANHOLE PHOTO NEGATIVES & PROFES (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity 199 Photo, NEGATIVES. (Number of volumes, file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents
(Purpose and general nature of record. Principal items of information
CONSISTS OF PHOTO, NEGATIVES WITH PROOFS SHOWING LOCAT shown. Summary of forms used in making record, their headings, etc. If a very
general or miscellaneous record, detailed information as to type of records
contained and dates covered by each should be given. Unless contents of these
tes in Floridae   Barto Lagricia
records are described by other Forms 12-13HR, such forms should be filled out
and attached)
PA FOR: 12-13HRRevised (See reverso side) 16-6419

Contentscontinued_	
	THE TAXOURS TOTAL STATES AND STATES TO STATE STATES TO STATES
	TELL TO STATE THE PARTY OF THE
Arrangement	G to E
1/	by what? Numericallyby what? Alphabeticallyby what?)
Indexing (Sclf-contained-descr	The what it shows. If scparate, fill out a form for it,
17 D/ 7	c to that form by title and identification number)
(Handwritten. Handwri	tten printed form. Handwritten printed hoad. Typed.
Typed printed form. Typed p	rinted head. Printed. Photostat. Other. Give months
and years covered by each kin	nd of writing)
Size 199 PHOTO NEE	ATIMES ENVANEABLE
(Of record or container.	ATIMES 5" X7" EACH. Height, width, thickness or depth. Average number of
pages or documents)	
Location by dates and quantities	(Room, vault, wallN.E.S.W., section, bin, sholf,
in Vault	Near Room too City H
cabinet, on floor)	- 1/EGF 1100m 102 Gily10
Other information	STREET, N. C. C. C. C. COLDENSON BY ASSURED
	f record if not good. Relation to other records.
Information on prior, subsec	quent, or similar records. Whether record is known
	to all their armon believed and arms to be been been been been been been been
to have been kept earlier th	nan dates shown in item 2)
	r a retrievant manner, there are all the later as a research
	SISTEMATION OF THE STATE OF THE
(For use in Florida.) Early im	prints
	(Author) (Publisher)
(Place of publication)	
( coo of partication)	(Date of publication)

	17EM. 6 BUREAU OF MECHANICAL - ELECTRICAL SERVICE				
4			ROOM # 320, MUNICIPAL BLOG.		
3.	NEFATIVE				
1	1	11	GAY STREET ST. BRIDGE UNDER WEST WALK		
2	11	11	OBSTRUCTIONS CORNER NORTH + SAROTAGO ST.		
4	/1	11	11 ON CALVERT ST.		
5	N	h	MANHOLES ON LEXINGTON + NORTH DIRECTS.		
4	11	11	11 11 FREDERICK + LOMBARD "		
2	/1	11	11 11 EUJAW Y MULBERRY 11		
3	"(	11	" I CALVERT & LOMBARD "		
2	11	11	TRENCH UNDER PAVEMENT POST OFFICE BLOG		
14	11	11	CITY STREETS NOT IDENTIFIED		
1	/(`	14	MANHOLES LOMBARD & HOWARD STREETS		
/	11	11	HEAVY LINES CALVERT ST CORNER MERCER ST.		
1	/1	ė <sub>1</sub>	MANHOLE FRAME CASTING TRANSFORMER		
/	10	h	CENTRE, ST.		
1	/1	11	DISTRICT POLE NORTH AVE + BOLTON ST		
1	11	1	CONDUIT LOMBARD & LIGHT STS.		
1	/1	à ¢	TELEPHONE CABLES NORTH AVE		
2	11	11	MANHOLES LEXINGTON AND CALVERT SYS,		
/	11	11	POLES ON SIDEWALK BANK LANE WEST OF CALVERT ST		
1	Pt	И	CONDUIT SYSTEM MADISON AVE		
1	11	11	" LOMBARD & CALVERT STS		
1	11	2.1	11 " CALVERT ST.		
6	1,	11	MANADLES LEXINGTON + COURTLAND STS.		

### BUREAU OF MECHANICAL-ELECTRICAL SERVICE

TEM 6				
AD	DEND	A	ROOM # 320, MUNICIPAL BLDD.	
1	NEGATIVE	SHOWINF	CONDUIT SYSTEM SAROTORA ST PARK TO CATHEDRAL ST	
1	11	М	MANHOLE EXCHANGE PLACE	
1	11	/1	CABLE STRUCK BY LIFHTNINF	
1	10	11	TRENCH ON NORTH ST.	
1	/1	11	POLE LINES CALVERT & BALTIMORE STS.	
1	11	11	OBSTRUCTIONS IN MANHOLES SARATOGA & DAVIS STS.	
1	11	1	MANHOLE LOMBARD ST & ERICK PLACE	
/	11	11	CONDUIT TREACH OBSTRUCTION CHARLES & MULBERRY ST.	
3	- 1	11	MANHOLES BALTIMORE & CALVERT STS.	
1	18	/(	EXCAVATION & PIPING, IL II II II	
1	11	*1	ARCHES ON MANHOLES FAYETTE & NORTH. &T.	
1	16	11	OBSTRUCTIONS LOMBARD & HANOVER STS.	
1	71	) <sub>f</sub>	DUCT LINE TRENCH CALVERT ST	
1	11	11	TRUNK & DISTRIBUTING LOVE GROVE ALLEY	
1	/1	"	HIGH TIDE FLOODING TRENCH LOMBARD TO CALVERT STS	
1	,,	11	CITP, DUCTS CALVERT & GERMAN STS,	
1	11	*1	DUCT LINE CHARLES & CENTRE STS.	
1	, (	12	RONDUIT STATEM HARRISON ST	
2	11	11	VIEWS OF MANHOLE CASTINES	
1	11	11	" CONCRETE MIXER AT WORK	
1	1	11	TRENCH ON HOPKINS PLACE	
2	n	11	11 11 LOVERROVE ALLEY	
/	10	11	MANHOLE CONSTRUCTION ON LEXINGTON & NORTS STS.	
2	1	1	" I' EUTAW & BALTO. STS.	

			BUREAU OF MECHANICAL - ELECTRICAL SERVICE
ADDEN DA			ROOM # 320, MUNICIPAL BLDG.
	NEFATIVE SHOWING		ROOF IST, NATE BANK- BLDE
2			
	1		CONDUIT SYSTEM LOCATION NOT SHOWN
	11	18	MANHOLE MADISON & FAY STS
2		/(	" CENTRAL AVE Y FAY STS
1	10	10	CONDUIT LINE LOMBARD ST
1		8 (	MANHOLE LOMBARD ST + HOLLIDAY ST,
1	11	11	11 11 T, SOUTH ST.
1	. 1(	11	PUTTING IN ARCHES IN MANHOLE EUTAW ST.
1	/1	*1	BREAKING INTO MANHOLES FATETTE Y HOLLIDAY STS
4	15	)(	LARFE MANHOLE FRAME NORTH AVE
1	10	10	CROSSING SEWER FAYETTE ST
2	1,	//	EXPOSED CABLE PRATT & PRESIDENT STS.
1	/1	"(	BEGINNING WORK ON MORTH ST.
1	11	11	S.E. CORNER CENTRAL AVE + GAY STS.
/	11	4	W. WALL OF MANHOLE SARATOGA & ST PAUL STS-PLAN OF MANHOLE
1		Ŋ	MANHOLE EUTAW & ROSS ST.
1	11	/1	CONCRETE MIXER CHARLES & LEXINGTON STS.
1	11	и	11 11 9 MULBERRY
3	11	113	MANHOLE EXCAVATION FAPETTE & NORTH STS.
1	/\	/1	CONSTRUCTION OF IST. MANHOLE SARATOGA & NORTH ST.
1	//	К	MANHOLE FRAME TRACING
2	11	K	OBSTRUCTIONS LOMBARD COR. HANOVER ST.
1	^	n	MANHOLE FAYETTE & PINE ST

UE	LUALN - 1	MACK-DIA	
	· .	·	BUREAU OF MECHANICAL-ELECTRICAL SERVICE
	ITEM	6.	
A	DENI	DA	ROOM # 320 /MUNICIPAL BLDF.
_/	NEGATIVE	SHOWINE	C.AM. STS. CONCRETE MIXER SERIES NO. 6
_/	"	. //	EUTAW & MONUMENT STS. FINISHED ARCHES
2	<u> </u>	,,	MADISON AVE BELOW BIDDLE ST WHEN HORSE FOR IN DITCH
_/_	11	71	36 DUCT LINE EUTAW & MADISON ST
_/		"	MANHOLE CHARLES + LEXINSTON ST
_/_	//		" EUTAW & LEXINGTON ST3.
1			TRENCH- HOLLIDAY ST BETWEEN FAYETTE OF LEXINGTON STS
	11	"	OFFICE GROUP
1			POLES LOMBARD & CALVERT STS
/	,,		ST MARYS ST NEAR MCCULLOH = DIST, POLE
_/		и.	FUTAW & MULBERRY ST = GAS CO REMOVING PIPE
~/		- //	" T BALTIMORE ST = 8" F- LYING IN TRENCH
.:/		11	" & FERMAN STS. HOLE SHOWING VAULT LINE
_/_	//	11	EXCAVATION - FREDERICK & LOMBARD 575
/	//	11	FAY ST BAIDGE UNDER WALK ON EAST SIDE
/		· · · · · · · · · · · · · · · · · · ·	MANHOLE OPPOSITE NORTH ST
	11.		GAS BURNINE IN MANHOLE ASQUITIT TO GAY STS.
_/		. 11	60 DUCT LINE FUTANT & LEXINATION STS.
1	11	/(	COVER IN BRICK PAVEMENT MADISON + BIDDLE STS
/	//		OLD WATER MAIN CALVERT ST
_/	1.		TEL CABLE NORTH & CENTER STS.
1	/1		DRAWING IN WINDLASS FAYETTE TOT PAUL STS
	/:	· //	11 11 11 4 CHARLES II
/		11	STONE YARD EUTAM & CROSS STS

		BUREAU OF MECHANICAL-FLECTRICAL SERVICE
A	ITEM 6 DDENDA	
	NEGATIVE SHOWING	ROOM # 320 MUNICIPAL BLDG.  EXPLOSION IN MANHOLE CALVERT & FERMAN ST.
/	/1 /1	AL II II II A BALTO. STS.
	11 /1	WIRING NORTH + SARATOGA STS
2	11 /I	MANHOLE FRAME & INNER COVER CASTINES
/	11 /)	" BETWEEN 2º9 + 10° W. LOMBARD & CALVERT STS.
_/_		FAYETTE ST FROM ROOF OF FOULTABLE BLDG.
2	// //	DRIFT UNDER BALTO, ST - BALTO, & CALVERT STS
_/_	11 /1	C, + M, STS CONCRETE MIXER NO 2
_/:_	):	11 11 11 No 3
	11 11	11 11 11 11 11 11 11 11 11 11 11 11
	<u> </u>	11 11 11 11 11 1105
. /.	)	81 DUCT LINE LOMBARD ST. EXCHANGE PLACE
_/	/1 //	DUCTS LAID UNDER CITY HALL
_/_	// //	MANHOLE MONUMENT & FAP STS.
/	// //	PROPERTY OF C.K. ALLEN
_/	// //	64 DUCT LINE LOMBARD + HOPKINS PLACE
<u>[</u>	)/ +1	LOMBARD & HANDUER STS.
9	, , , , , , , , , , , , , , , , , , ,	OBSTRUCTIONS 81 DUCT LINE LOMBARD & CHEAPSIDE STS.
	/, //	CABLE STRUCT BF LIGHTNINE
_/	<i>II</i>	MANHOLE CONSTRUCTION EUTAM & SARATOBA STS
1		MR. PHELPS OFFICE
,	11 11	SOINETRIC PROJECTION SUBWAY SISTEM
	)) ) <i>(</i>	MANHOLE NORTH & GENTER STS

manufaction in the ten to transparent wit by Incomit westfaces recognized takens

A MEDITION AND LIGHT, TO BEEN OUR BENEFITSON THE BEEN ARE FREE WARN WILL

# DELCHER-MACK-FAWCETT, DEC. 18, 1939. SERIAL No. 2 62 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

Goundy BALTIMORE CIT	State_	MARYLA	ND.
Name of agency or office BUREAU Office of c	OF MECH	ANICAL FIE	CTRICAL SERVICE cord, if different)
Address of office of custody RC	OM 320 Name of building	MUNICIPA room number, st	reet address)
1. Title MANHOLF LOCATION (Give present full title	ON PHOTO e in quotes; ass	NEGATIVE, gned title, if a	S WITH PROOFS
If record has had other title	s, list them with	dates or quanti	ties or both)
2. Dates 1900 - (Earliest and lates	t dates; missing	dates. Show exac	t date of breaks)
3. Quantity 2, BUNDIF	s; file drawers;	DRAWERS file boxes; bund	les; other)
4. Labeling (Explain fully; years;	ONE numbers; letters	number of recor	ds so labeled)
5. Discontinued and missing records_	(If record dis	ONE continued, give r	eason and state
whether same information shown	in another reco	ed. Explain why	records are
missing, if possible)			
6. Contents CONSISTS OF (Purpose and general na	MANHOL	F LOCAT	of information,
NEGATIVES WITH shown. Summary of forms used			
OF MANHOLFS general or miscellaneous record			
contained and dates covered by	oach should be	viven. Unless co	ntents of these
records are described by other	Forms 12-13HR, s	uch forms should	be filled out
and attached)			f .
WPA FORM 12-13HRRevised	(See reverse si	do)	16-6419

6.	Contents—continued
7.	Arrangement/N POCKET FOIDERS AIPHA. BY STREETS. NUM. BY FOIDER NO (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing PHOTO, NE FATIVES AND PROOFS. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size ADRAWERS 10 1/4 X 13 1/4 X 24 APPROX 960NEGATIVES WITH PROOF. (Of record or container. Height, width, thickness or dopth. Average number of
	BDL. 10"X8"X 3" APPROX. 43 NEGATIVES WITH PROOFS. pages or documents)
	BDL. 12" X9" X1" APPROX 20 NEGATIVES WITH PROOFS.
11.	Location by dates and quantities DRAWERS INCABINET BY NORTH WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	2BDLS. IN CABINET NO. 4 BY WEST WALL IN VAULT, eabinet, on floor)
	NEAR ROOM 102 CITY HALL BLDE.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
-	(Place of publication) (Dato of publication)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE CI	TY State MARYLAND	
Name of agency or office DUREAU (Office of co	OF MECHANICAL ELECT	MICAL SERVEE.
Address of office of custody Roo	M. 320 MUNICIPAL Name of building, room number, str	BLDF.
1. Title MOUNTED & U. (Give present full title	NMOUNTED PHOTO in quotes; assigned title, if ar	GRAPHS
If record has had other title	s, list them with dates or quantit	ties or both)
2. Dates 1904 1907 - 190 XEarliest and lates	79, 1912, t dates; missing dates. Show exact	t date of breaks)
3. Quantity / BUNDLE (Number of volume)	s; file drawers; file boxes; bundl	les; other)
4. Labeling (Explain fully; years;	1/4	
5. Discontinued and missing records_	1905-1906 1910-	19/1. MISSING,
whother same information shown	in another record. Explain why	records are
missing, if possible)		
6. Contents CONS/STS OF /2 (Purpose and general ne	3 PHOTOS SHOWING DAN ature of record. Principal items	MARE TO OVERHEAD of information
WIRING BY SLEET STOR	M MAR. 4, 1919. 10 in making record, their headings,	PHOTOS SHOWING etc. If a very
DAMAFE TO WIRING + B. general or miscellaneous rocord	DS. RESULTING FROM.	HOLLIDAY ST.
FIRE JAN. 24, 1908, contained and dates covered by	1 PHOTO SHOWING Concern should be given. Unless con	OVERHEAD WIRES
ON PENNA. AVE NORT	HOF PITCHER ST. Forms 12-13HR, such forms should	ON FEB. 2,1909.
1 PHOTO. SHOWING SA and attached)	ME LOCATION AFTE	R REMOVAL
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

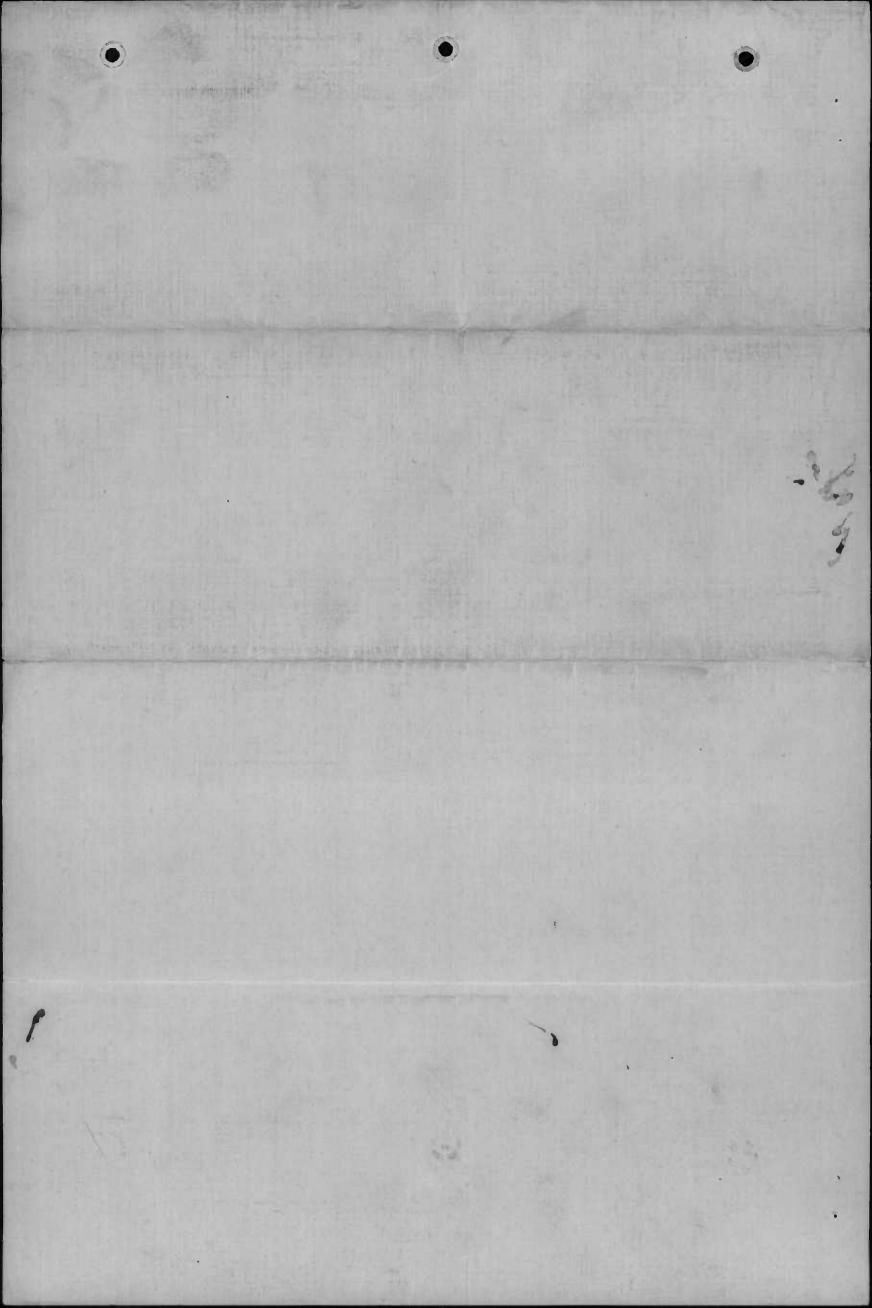
IN 1912
Arrangement NONE (Chronologically-by what? Numerically-by what? Alphabetically-by what?
Indexing (Self-contained-describe what it shows. If separate, fill out a form for it
(Self-containeddescribe what it shows. If separate, fill out a form for it
and place cross reference here to that form by title and identification number)
Writing PHOTOGRAPHS (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
(manufacture in manufacture partition form. Typous
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size BUNDLE 12" X 10" X 16" 196 PHOTOS (Of record or container. Height, width, thickness or depth. Average number of
(Of record or container. Height, width, thickness or depth. Average number of
pages or documents)
Location by dates and quantities JOP SHELF NJCABINET  (Room, vault, wall-N.E.S.W., section, bin, shelf,
NO. 2. BY WEST WALL IN VAULT NEXT TO
Capital, on 11001)
ROOM 102 CITY HALL BLDG
ROOM 102 CITY HALL BLDG. Other information
ROOM 102 CITY HALL BLDG.
ROOM 102 CITY HALL BLDG. Other information
Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
ROOM 102 CITY HALL BLDG.  Other information (Condition of record if not good. Relation to other records.
Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECOIDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE C	ITY State M	ARYLAND
Name of agency or office BURE (Office of	AU OF MECHANICAL f custody) (Office which me	dc the record, if different)
Address of office of oustody RC	(Name of building, room n	C/PAL BLDE. number, street address)
1. Title "ORI	INANCES" itle in quotes; assigned ti	tle, if any, in brackets.
If record has had other tit		
2. Dates /898 (Earliest and lat	- 1913 test dates; missing dates.	Show exact date of breaks)
3. Quantity / F/LE (Number of volu		
	s; numbers; letters; number	
5. Discontinued and missing record	ds NON	d, give reason and state
whother same information she		
missing, if possible)		
6. Contents ONSISTS OF CITY (Purpose and general	ORDINANCES PERI	PAINING TO DEPARTMENTAL pal items of information
ESTIMATES FOR WORK A	ND NEWIMPROVEME ed in making record, their	NIS AND AMOUNT OF headings, etc. If a very
MONEY TO BE APPROPRIED	PRIATED FOR SA cord, detailed information	ME AUTHORITY FOR
MAYOR & CITY COVI	by each should be given.	UND SELL CERTAIN Unless contents of these
AMOUNT OF STOCK records are described by oth	To COVER SUCH per Forms 12-13HR, such for	FXPENSES WHEN as should be filled out
APPROVED BY THE	MAYOR+CITY	COUNCIL AND THE
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents—continued REFISTERED VOTERS OF THE CITY, AND
	ORDINANCES PERTAINING TO PLACING OF OVERHEAD
	WIRES IN CONDUITS AND PENALTY FOR NONCOMPLIANCE
	BY PRIVATE FIRMS, SEE COPIES ATTD.
7.	Arrangement NONE (Chronologicallyby what? Numericallyby what? Alphabeticallyby what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Cold Contains - Account of Miles It Shows. If Separate, 1111 out a 1011 101,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED (Handwritten Handwritten printed form. Handwritten printed head. Typed.
	(namewritten. handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size /F/LE BOX /2" X 5" X 10" APPROX 40 (Of record or container. Height, width, thickness or depth. Average number of
	ORDINANCES
	pages or documents)
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11.	Location by dates and quantities N.CABINET BY FAST WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	IN VAULT NEXT TO ROOM 102, CITY HALL BLDF.
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	imormation on prior, subsequent, or similar records. whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Author) (Publisher)
	(Place of publication) (Date of publication)



AN ORDINANCE to authorize, (in pursuance of an Act of the General Assembly of Maryland, passed at the January session of the year 1912, Chapter 27,) the Mayor and City Council of Baltimore to issue the stock of said corporation to an amount not exceeding two million (\$2,000,000) dollars for the purpose of providing extensions to the underground conduits, and their appurtenances, including distributing poles, built under the direction of the Electrical Commission of the City of Baltimore.

WHEREAS, By an Act of the General Assembly of Maryland, passed at its January session in the year 1912, Chapter 27, the Mayor and City Council of Baltimore was authorized to issue its stock to an amount not exceeding two million (\$2,000,000) dollars in the manner and on the terms therein set forth, the proceeds thereof to be used for the purpose of providing extensions to the underground conduits, and their appurtenances, including distributing poles, built under the direction of the Electrical Commission of said City; said extensions to be made in accordance with the authority vested in said Electrical Commission by Ordinances Nos. 106, 107 and 108 of the Mayor and City Council of Baltimore, approved August 25, 1898, and all amendments thereof or supplements thereto, passed by virtue of the provisions of Chapter 200 of the Acts of Assembly of Maryland, enacted during the session of the year 1892; and

WHEREAS, Money is now needed for said purposes;

SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That the Commissioners of Finance be and they are hereby authorized and directed to issue the registered stock of the City of Baltimore to the amount of two million (\$2,000,000) dollars, from time to time, as same may be required, for the pur-

poses hereinbefore named; and the said stock shall be sold by the Commissioners of Finance, from time to time, and at such times as shall be requisite, and the proceeds of the sale of said stock shall be used for the purposes hereinbefore named; provided that this ordinance shall not go into effect until it shall be approved by a majority of the votes of the legal voters of the City of Baltimore, cast at the time and place hereinafter designated.

SECTION 2. AND BE IT FURTHER ORDAINED, That the said stock shall be issued in sums of not less than one hundred (\$100) dollars each, redeemable on the first day of December, 1962, bearing interest at the rate of not more than four per centum per annum, as may be determined by the Commissioners of Finance of the City of Baltimore; said interest to be paid semi-annually on the first day of June and the first day of December in each and every year, and on condition that the Mayor and City Council of Baltimore shall pay all taxes imposed by the State of Maryland for which the holders of said stock may be thereon legally liable.

annual sums to meet the interest on said stock hereby authorized to be issued, and to accumulate (with the aid of any premiums on the sale of said stock) a sinking fund for the redemption of said stock at maturity (equivalent to the sum of fifteen thousand two hundred (\$15,200) dollars per annum, shall be levied on every hundred dollars worth of assessable property in the City of Baltimore, and in the proper proportion for any greater or less amount. So soon as the sinking fund shall amount to a sum sufficient to redeem the stock hereby issued at maturity, the payment of the annual sum to accumulate said sinking fund

shall cease to be made. Any premium above the par value realized from the sale of any stock hereunder shall be paid into and constitute part of said sinking fund.

SECTION 4. AND BE IT FURTHER ORDAINED, That this ordinance shall be submitted to the legal voters of the City of Baltimore for their approval or disapproval, at the general election to be held in the City of Baltimore on Tuesday, the fifth day of November, 1912.

SECTION 5. AND BE IT FURTHER ORDAINED, That a copy of this ordinance and notice of the time for holding said election shall be published in at least four (4) of the daily newspapers published in said City of Baltimore, twice a week for two (2) weeks prior to said election.

List No. 2- Zatimates for new Improvements.

Electrical Commission. To be taken from the Conduit 1928 Loan:

Salaries, seventeen thousand two hundred and fifty dollars (217, 250); Construction, one handred and mixty-organ thousand

An Ordinance entitled the " Ordinance of Estimates for the year nineteen hundred and five."

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That the following amounts are hereby appropriated for the "Departmental Estimates," "Estimates for new improvements" and estimates for annual appropriations" of the Mayor and City Council of Baltimore for the year nineteen hundred and five:

List No 1- "Departmental Estimates."

Electrical Commission.

Operating and maintaining completed conduits, eight thousand and ninety-four dollars (38,094).

Approved Nov. 15th 1904

E. Clay Timanus

Mayor.

List No. 2- Estimates for new Improvements.

Electrical Commission.

To be taken from the Conduit 1928 Loan:

Salaries, seventeen thousand two hundred and fifty dollars (\$17,250); Construction, one hundred and sixty-eight thousand dollars (\$168,000).

Affrored Nov 15-1904 E. Clay Tundous Mayor

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The first of the first one band of (all) described the set, stone shall be included in a mass of not less than one band set (all) delined sign, recommend to the first of the

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SECTION 4. And De to the Court ordered, that this ordered shall be expended to the Court of the City of Salismore for their surroyal or disapproved at the general election to be self in the City of Dalkimore on one self the City of Dalkimore on one seeder the third any of Bovenier, 1908.

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Approved June 4, 1908,

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TOTAL

MAION BUSTER

AN ORDINARCE TO AUTHORIZE (IN PURSUANCE OF AN ACT OF THE GENERAL ASSEMBLY OF MARYLAND, PASSED AT THE JANUARY SESSION IN THE YEAR 1908 CHAPTER 155 MAYOR AND CITY COUNCIL OF BALTIMORE TO ISSUE THE STOCK OF SAID CORPORATION TO AN AMOUNT NOT EXCHEDING ONE MILLION DOLLARS (\$1,000,000) FOR THE PURPOSE CT. PROVIDING EXTENSIONS TO THE UNDERGROUND CONDUITS, AND THEIR APPURTENANCES, INCLUDING DISTRIBUTING POLES, BUILT UNDER THE DIRECTION OF THE ELECTRICAL COMMISSION OF THE CITY OF BALTIMORE.

Whereas, by an Act of the General Assembly of Maryland, passed at its January Session in the year 1908, Chapter 165, the Mayor and City Council of Baltimore was authorized to issue its stock to an amount not exceeding one Million Dollars (\$1,000,000) in the manner and on the terms therein set forth, the proceeds thereof to be used for the purpose of providing extensions to the underground conduits, and their appurtenances, including distributing poles, built under the direction of the Electrical Commission of said City; said extensions to be made in accordance with the authority vested in said Electrical Commission by Ordinance Nos.106, 107 and 108 of the Mayor and City Council of Baltimore, approved August 25, 1898, and all amendments thereof or supplements thereto, passed by virtue of the provisions of Chapter 200 of the Acts of Assembly of Maryland, enacted during the Session of the year 1892; and

WHEREAS, the money is now needed for said purposes.

More, that the Commissioners of Finance be and they are hereby authorized and directed to issue the registered stock of the City of Baltimore to the amount of One Million (\$1,000,000) Dollars from time to time as the same may be required for the purposes hereinbefore named; and the said stock shall be sold by the Commissioners of Finance from time to time and at such times as shall be requisite; and the proceeds of the sale of said stock shall be used for the purposes hereinbefore named; provided that this ordinance shall not go into effect until it shall be approved by a majority of the votes of the legal voters of the City of Baltimore cast at the time and place hereinafter designated.

SECTION 2. And be it further ordained, that the said stock shall be issued in sums of not less than one hundred (\$100)dollars each, radeemable on the first day of December, 1958, bearing interest at the rate of not more than four per centum per annum, as may be determined by the Commissioners of Finance of the City of Baltimore; said interest to be paid semi-annually on the first day of June and the first day of December in each and every year, and on condition that the Mayor and City Council shall pay all taxes imposed by the State of Maryland for which the holders of said stock may be thereon legally liable.

SECTION 3. And be it further ordained, that a sufficient annual sum to meet the interest on said stock hereby authorized to be issued and also a further annual sum sufficient to produce the sum of \$7,600.to accumulate (with the aid of any premiums on the sale of said stock) a sinking fund for the redemption of said stock at maturity shall be levied on every hundred dollars worth of assessable property in the City of Baltimore, and in the proper proportion for any greater or less amount. So soon as the sinking fund shall amount to a sum sufficient to redeem the stock hereby issued at maturity the payment of the annual sum to accumulate said sinking fund shall cease to be made. Any premium above the par value realized from the sale of any stock hereunder shall be paid into and constitute part of said sinking fund.

SECTION 4. And be it further ordained, that this ordinance shall be submitted to the legal voters of the City of Baltimore for their approval or disapproval at the general election to be held in the City of Baltimore on Tuesday the third day of November, 1908.

SECTION 5. And be it further ordained, that a copy of this ordinance and notice of the time for holding said election shall be published in at least four (4) of the daily newspapers published in said City of Baltimore twice a weeks for two(2) weeks prior to said election.

Approved June 4, 1908, J. Barry Mahool, A TRUE COPY,
JUN 5 \_ 1908 190

Mayor.

AN ORDINANCE TO REPEAL AND REORDAIN WITH AMENDMENTS SECTION 9 OF ARTICLE 9 OF THE BALTIMORE CITY CODE OF 1906, BEING SECTION 2 OF ORDINANCE NO. 106, APPROVED AUGUST 26, 1898.

Serial 264

AN OFDINANCE TO REPEAL AND RE-ORDAIN WITH AMENDMENTS SECTION 9 OF ARTICLE 9 OF THE BALTIMORE CITY CODE OF 1906, BEING SECTION 2 OF ORDINANCE NO. 106, APPROVED AUGUST 25, 1898.

SECTION 1. BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF BALTIMORE, That Section 9 of Article 9 of the Baltimore City Code of 1906, being Section 2 of Ordinance No. 106, approved August 25, 1898, be and the same is hereby repealed and re-ordained with amendments so as to read as follows:

9. Any corporation or individual failing to comply with the order of the Electrical Commission, to place their wires underground within one hundred and fifty (150) days from the time of said notification to be served on the president, manager or other legal representative of said corporation or on the individual or his representative owning or operating overhead wires shall be subject to a fine of fifty dollars (\$50.00) for each and every pole, except trolley poles left standing for each and every week over and above the one hundred and fifty (150) days above specified, and any corporation or individual operating or maintaining overhead street railway feeders shall be subject to a fine of fifty dollars (\$50.00) for each one hundred (100) lineal feet of overhead feeder lines not so removed for each and every week over and above the one hundred and fifty (150) days above specified.

SECTION 2. AND BE IT FURTHER ORDAINED, That this Ordinance shall take effect from the date of its passage.

DELCHER-MACK-FAWEETT, 12,-4-1939, SERIAL No. 265
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 MEW YORK AVE. NW.
Washington, D.C.

· VOLUMES AND UNBOUND RECORDS FORM

(Sec roverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contents continued RESPONSIBILITY & SIENATURES OF CHIEF
	CABLE INSPECTOR AND MECHANICAL ELECTRICAL
	ENGINEER, BACK OF FORM SHOWS RULES GOVERNIN
	USE OF CITY CONDUITS, SEE FORM ATTD.
7.	Arrangement NUM. BY PERMIT NO CHRONO. BY DATE OF PEA (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED FORM. (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Sizo BDL. 12"X 9" X 10" - 2 BDLS. 12"X 9"X 6" EACH. (Of record or container. Height, width, thickness or depth. Average number of
	4 BDIS 12"X 9"X 8" EACH APPROX. 12900 pages or documents)
	PERMITS
11.	Location by dates and quantities 57H. BIN FROM FAST WALL (Room, vault, wall-N.E.S.W., section, bin, shelf,
	4TH. ROW FROM TOP, BY SOUTH WALL IN
	VAULT NEAR ROOM 318 MUNICIPAL BLDE.
12.	Other information (Condition of record if not good. Relation to other records.
	SFE SERIALS 266 + 267 FOR OTHER YEARS. Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Author) (Publisher)
-	(Place of publication) (Date of publication)

### M. D. B. 6172

## PERMIT OF ENTRANCE CITY CONDUIT SYSTEM

BUREAU OF MECHANICAL-ELECTRICAL SERVICE OF BALTIMORE CITY

No	
Permission is hereby granted	EL LENGTH OF THE STATE OF THE S
a lessee of the Bureau of Mechanical-Electrical Servi	ce, to enter City manholes located as
follows:	
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C W	
ne rea	
00 01	
4 001	
0 41	
for the purpose of	
in accordance with the Rules and Regulations of the I (printed on the reverse side of this permit), and under agrees, by the acceptance of this permit to indemnify Council of Baltimore from any and all accidents of we result from the performance and execution of the we sanction of this permit.	the condition that the aforesaid lessee and save harmless the Mayor and City whatever nature, that may happen or
Employees to enter manhole	
Foreman in charge	
PERMIT GOOD BETWEEN THE HOURS	AND
ON THE FOLLOWING DAYS	
Approved:	Luke Eg.
CHIEF CABLE INSPECTOR.	MECHANICAL-ELECTRICAL ENGINEER

(OVER)

### Rules and Regulations Governing the Use of the City Conduits

1. Before entering upon the occupancy of duct space, the applicant must enter into a contract and execute a penal bond in the sum of one hundred dollars (\$100) per mile of duct applied for in accordance with Ordinance No. 107, approved August 25, 1898.

Applications for duct space must be made on blanks furnished by the Bureau of Mechanical-Electrical Service.

No limit will be placed upon the voltage of conductors to be used in this duct space.

All work upon the conduits, either repairs or additions, will be done by the Bureau of Mechanical-Electrical Service.

All appliances proposed to be used by the lessee for installing, handling and connecting cables must be approved by the Bu-

reau of Mechanical-Electrical Service before being used.

Any person or persons tampering with or opening, or in any way interfering with manholes or conduits or any of the cables in the conduits, without first securing a permit from the Bureau of Mechanical-Electrical Service, as herein provided, will be prosecuted in accordance with Ordinance No. 101, approved January 15, 1901.

#### PERMITS

2. Lessees desiring access to manholes will be issued a permit upon written application to the Bureau of Mechanical-Electrical Service and entrance otherwise than by such permit is prohibited. Applications for permits must be made on blanks

furnished by the Bureau of Mechanical-Electrical Service.

The said permit shall state the names of employees of the lessee who shall be permitted in any manhole at the same time and the particular work for which the permit is granted. The access to all manholes shall be in the presence of an inspector of the Bureau of Mechanical-Electrical Service. Any or all permits are revocable at the option of the Bureau of Mechanical-Electrical Service.

Except in emergency cases, applications for entrance into manholes must be made before 3 o'clock P. M. of the day before

the permit is to be used.

#### REPAIRS

3. Repairs to the cables in the city conduits are to be made by the lessee when ordered to do so by the Bureau of Mechanical-Electrical Service upon the condition of any cable having been found such as to be unsatisfactory for the purpose for which it is intended. In each instance a time limit will be set within which time limit, the repairs must be satisfactorily made, otherwise the use of the cable will be ordered discontinued.

#### **CABLES**

4. The lessee shall secure to each of its cables in every manhole a suitable tag or name plate giving in clear and permanent marking the name of the owner, with a description of the cable relative to its operating voltage and load, character of current, and number and size of conductors.

A dead end of any lead-covered cable shall never be left with the bare end of its conductor exposed in a manhole. All such

ends must be hermetically sealed with solder or a proper terminal.

The location of cables on racks in the manholes shall conform to the system as established by the Bureau of Mechanical-Electrical Service, and no deviation will be allowed except by special permission.

All cables, for whatever service intended, shall be equipped, at the points where they enter and leave the conduits, with proper protective devices. TESTS

5. The Bureau of Mechanical-Electrical Service, through its proper and accredited representative, shall at all times have the right of entrance into the power station or any other point of distribution belonging to the lessee for the sole purpose of testing.

**PRECAUTIONS** 

6. Before allowing any of its employees to enter a manhole, the lessee shall first make sure that there is no danger due to the presence of gas in the manhole. In the event of gas being present the lessee must protect its employees by keeping up a good circulation of air in the manhole by means of an adequate number of hand-blowers during the entire time the work is in progress. Should there be danger of driving gas into other manholes in which work is not being done, such manholes shall be opened and protected as below provided, if considered necessary by the Bureau of Mechanical-Electrical Service.

All manholes opened by the lessee shall be protected by a guard at least thirty-six inches high surrounding the opening.

The lessee must provide a watchman on the surface at each manhole opening to protect the traffic of the street. He shall

be provided with a red signal flag and shall take all proper precautions to warn pedestrians and vehicles.

No lights requiring flames shall be allowed in manholes. Solder, used for wiping joints of the lead covers of cables, and

paraffine shall never be lowered into manholes when overheated.

Smoking, or the use of intoxicating liquors by employees of the lessee, while in or about manhole openings is prohibited. While the employees of any lessee are at work in a manhole, they shall be careful not to touch or disturb any cables except those belonging to the lessee to whom the permit is issued. Should it become necessary, for any reason, to touch or disturb any other cables the lessee shall first notify the Bureau of Mechanical-Electrical Service, and no such cables shall be touched or disturbed until the necessary authority in writing shall have been obtained from the company owning same or by the said Bureau of Mechanical-Electrical Service.

#### PENALTY

7. Any employee who shall show a disposition to disregard these rules shall be, in the discretion of the Bureau of Mechanical-Electrical Service, prohibited access into any manhole or upon any part of the City conduits.

### AMENDMENTS

8. These Rules and Regulations may be amended by the Bureau of Mechanical-Electrical Service, from time to time, as it may deem necessary for the efficient use of the conduits and the protection of the cables therein.

#### INSPECTION SERVICE

9. A charge for inspection services, rendered by inspectors of the Bureau of Mechanical-Electrical Service as provided in these Rules and Regulations to any individual or corporation who has been authorized to open or to enter any manhole or to work in any portion of the municipal conduit system, shall be made to aforesaid individual or corporation and collected (Adopted November 29th, 1915.) as other charges are collectible.

(Adopted November 29th. 1915.)

By the term "Bureau of Mechanical-Electrical Service" is meant a duly accredited representative acting by authority of said

Bureau of Mechanical-Electrical Service.

Adopted by the Bureau of Mechanical-Electrical Service, October 4, 1900. Revised January 7, 1914.

## BUREAU OF MECHANICAL ELECTRICAL SERVICE

ADA	DENDA ITEM	4. ROOM 320 MUNICIPAL BLDG.
	BUNDLE	PERMITS TO ENTER MANHOLES, 64703-68803-1933
	BUNDLE	PERMITS TO ENTER MANHOLES 7/121-73434 - 1935
	BUNDLE	PERMITS TO ENTER MANHOLES 73435-75846- 1936
. /	BUNDLE	PERMITS 75848-77499 JAN-JUNE - 1937
		PERMITS FOR 1937 JULY TO DEC. 77500-79606
		PERMITS 1938-79607-81610
		PERMITS 1938-81611-83082

# DEICHER - MACK - KILROY NOV. 8 1939 SERIAL No. 266 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937

( 1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

BALTIMORE, CITY State MARYLAND.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE, (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 MUNICIPAL BLDF.  (Name of building, room number, street address)
1. Title COMPLETED PERMITS FOR MANHOLE ENTRANCE (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling COMPLETED PERMITS FOR MANHOLE ENTRANCE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF PERMITS TO ENTER CONDUIT SYSTEM BY (Purpose and general nature of record, Principal items of information
PRIVATE FIRMS TO PERFORM VARIOUS KINDS OF WORK shown. Summary of forms used in making record, their headings, etc. If a very
SHOWING PERMIT NO. DATE LOCATION PURPOSE, general or miscellaneous record, detailed information as to type of records
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NAMES OF PERSONS TO ENTER MANHOLES FOREMAN contained and dates covered by each should be given. Unless contents of trese
INCHARGE DATE 4 HOUR COVERED BY PERMIT records are described by other Forms 12-13HR, such forms should be filled out
RELEASE OF CITY FROM ACCIDENT OR INJURY and attached)

(Sec reverse side)

16-6419

WPA FORM 12-13HR--Revised

Contents-continued RESPONSIBILI	TY & SIGNATURES OF CHIEF
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	ITS, SEE SERIALS 265-267 FOR OTHER YE
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For use in Florida.) Early imprints_	(Author) (Publisher)
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(Place of publication)	(Date of publication)

DFICHER-MACK-FAWCEST, DEC. 4, 1939, SERIAL No. 267
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County 13	ALTIMORE.	CITY	State/	MARYL	AND	
Name of ag	ency or office R	UREAU OF	) (Office wh	ich made the	record, if d	SERVICE, ifferent)
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If:	record has had oth	her titles, lis	t them with	dates or qua	ntities or bo	th)
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WPA FORM 12	2-13HRRevised	(See	reverse side	e)	16-6419	

6.	Contents—continued AND SIENATURES OF CHIEF CABLE INSPECTOR
	AND MECHANICAL ELECTRICAL ENER. BACK OF
	FORM SHOWS RULES GOVERNING USE OF CITY CONDUITS,
7.	Arrangement NUM, BY PERMIT NO. CHRONO, BY DATE OF PERMIT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
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	and years covered by each kind of writing)
10.	Size 58 VOLUMES 14" X 9 "X 11/2" FACH APPROX 14500 PERMIT (Of record or container. Height, width, thickness or depth. Average number of
	28 BUNDLES 12 X 9" X 4" EACH APPROX 28000 PERMIT
11.	Location by dates and quantities 58 VOLUMES IN BINS 8 + 10 BY (Room, vault, wall-N.E.S.W., section, bin, shelf,
	WEST WALL + 28 BDLS. ON TOP OF CABINET BY EAST cabinot, on floor)
	WALL IN VAULT NEAR ROOM 102 CITY HALL BLDV.
12.	Other information (Condition of record if not good. Relation to other records.
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SHEET, 1. BUREAU OF MECHANICAL ELECTRICAL SERVICE

	/ / E.M. 4.						
ADDENDA. ROOM 320 MUNICIPAL BLOG.							
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SHEET, 2.

# BUREAU OF MECHANICAL ELECTRICAL SERVICE

4	ADDENDA.	ROOM	320 M	UNIC	IPAL BLDE
1	VOLUME	FLECTRICAL CO	MMISSION PA	ERMITS	NO. 8
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WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

Gounty BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDG. (Name of building, room number, street address)
1. Title LETTERS (Give present full title in quotes; assigned title, if any, in brackets.
(Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1899 - 1913
2. Dates 1899 - 1913 (Farliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity 10 FILE BOXES (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SFF ADDENDA. (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
(22 200027 010000000000000000000000000000
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF LETTERS FROM VARIOUS PARTIES (Purpose and general nature of record. Principal items of information
TO ELECTRICAL ENGINEER RELATIVE TO EMPLOYMENT shown. Summary of forms used in making record, their headings, etc. If a very
WITH FIFCTRICAL COMMISSION general or miscellaneous record, detailed information as to type of records
ALL LETTERS SHOW DATE RECEIVED BY THE contained and dates covered by each should be given. Unless contents of these
FNGINFER NAME OF PARTY TO WHOM LETTER records are described by other Forms 12-13HR, such forms should be filled out
IS REFERRED AND DATE SAME ANSWERED
WPA FOR: 12-13HRRevised (Sec reverse side) 16-6419

(Sec reverse side)

16-6419

6.	Contents—continued
7.	Arrangement ALPHA, BY NAME OF CORRESPONDENT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW. 9 TYPED ON FITER HEAD BLAN. (Handwritten, Handwritten printed form. Handwritten printed head. Typed.
	4 PLAIN LETTER PAPER
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
P	and years covered by each kind of writing)
.o.	Size 10 FILE BOXES 12" X 3" X 12" EACH.  (Of record or container. Height, width, thickness or depth. Average number of
	APPROX. 2500 LETTERS pages or documents)
1.	Location by dates and quantities /// /// 34 BY SOUTH WALL (Room, vault, wallN.E.S.W., section, bin, sholf,
	IN VAULT NEAR ROOM 102 CITY HALL
	Blde.
2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on price, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	U. S. GOVERNMENT PRINTING OFFICE o 166419

# 268

		BUREAU	OF MECH	HAMIEAL L	FLECTAICA	SERVICE
ADDI	ENDA I	TEM 4	ROOM #	± 320 M	UNICIPA	L BLDG
	FILE BOX		1902-19			
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DELCHER-MACK-FAWCETT, 12,-6,-1939, SERIAL No. 269, (Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Country BALTIMORE	CITY State MARY	LAND
Name of agency or office BURE (Office o	OF MECHANICAL I custody) (Office which made	ELECTRICAL SERVICE the record, if different)
Address of office of custody	Name of building, room numb	CIPAL BIDE, er, street address)
1. Title PF (Give present full t	RSONNEL RECO	RD", if any, in brackets.
If record has had other ti	tles, list them with dates or	quantities or both)
2. Dates 1898 -	- 1901, test dates; missing dates. Sho	w exact date of breaks).
	umos; file drawers; file boxes	
(Number of vol	umos; file drawers; file boxes	; bundles; other)
4. Labeling PERS (Explain fully; year	s; numbers; letters; number of	records so labeled;
5. Discontinuod and missing recor	ds NONE (If record discontinued,	give reason and state
whether same information sh	own in another record. Explai	n why records are
missing, if possible)		
6. Contents CONS/STS OF	RECORD SHOW	items of information
OF EMPLOYEES shown. Summary of forms us	OF FLECTRIC. ed in making record, their hea	AL COMMISSION dings, etc. If a very
GIVING EMPLOY general or miscellaneous ro		
CLASS OF LAB contained and dates covered	OR DATE EM	
BEBAN AND records are described by ct.	TERMINATED Her Forms 12-13HR, such forms	should be filled out
and attached)	1	,
WPA FOR: 12-13HRRevised	(See reverse side)	16-6419

6.	Contentscontinued
7.	Arrangement NUM, BY WARD NUMBER, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HOW, ON RULED PAGES. (Handwritten. Hundwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size   VOIUME 83/4" X 1" X 53/4"   180 PAGES.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities / CABINET NO. 1 BY WEST (Room, vault, wall-N.E.S.W., section, bin, shelf,
	WALL IN VAULT NEAR ROOM 102 CITY cabinet, on floor)
	HALL BLDE.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Author) (Fublisher)
	(Place of publication) (Date of publication)

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SHRVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

	CITY State MAR	
ame of agency or office BUR	EAU OF MECHANICAL of custody) (Office which made	ELECTRICAL SERVICE
·		
dress of office of eustody	Room 320 MUN (Name of building, room num	ber, street address)
Title PE	SONNEL CARD	5
(Give prosent full	RSONNEL CARDS title in quotes; assigned titl	of if any, in brackets.
If record has had other	titles, list them with dates or	quantities or both)
Nates 1911 - 191	77	
(Earliest and	7 Tatest dates; missing dates. Sh	ow exact date of breaks).
	CAWERS olumes; file drawers; file boxe	
(Number of v	olumes; file drawers; file boxe	s; bundles; other)
. Lebeling /	ONE ears; numbers; letters; number o	f monords on labeled)
(Explain fully; ye	ears; numbers; letters; number o	1 records so rabered,
. Discontinued and missing rec	cords NONE (If record discontinued,	give reason and state
	(22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
whether same information	shown in another record. Expla	in why records are
		4
missing, if possible)		
Contents CONSISTS OF	PERSONNEL CARDS	SHOWING NAME
(Purpose and geno	eral nature of record. Principa	l items of information
OF EMPLOYEE OF	ELECTRICAL COL	MM ISSION, EMPLO
ADDRESS, WARD	NO. DATE EMPLO record detailed information as	TO TYPE OF TEROTORS
contained and dates cover	TERMINAT rod by each should be given. Un	ED AND REMARK less contents of these
	•	•
BACK OF CARD	SHOWS DATE 1.	UN OFF DUE TO
records are described by	other Forms 12-13ffR, such forms	should be filled out
LACK OF WOR	K AND DATE RI	EINSTATED
and attached)		
PA FORM 12-13HRRevised	(See reverse side)	16-6419

	Contents—continued
	Arrangement ALPHA BY NAME OF EMPLOYEE (Chronologically-by what? Aumerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Seli-contained-describe what it shows. If separate, fill out a form for 10,
	and place cross reference here to that form by title and identification number)
	Writing HDW. OF PRINTED FORM. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	Size 2 FILE DRAWERS 4"X 5 1/2" X 12 EACH APPROX 2400 CARDS Of record or container. Height, width, thickness or depth. Average number of
	4 FILE DRAWERS 31/2" X 51/4" X 15" EACH APPROX 4000 CARDS 3 FILE pages or documents)
1	DRAWERS 4"x 6'3"x 14" EACH APPROX 3000 CARDS I FILE DRAWER 3"X 10"3"X 14" APPROX 2100 CA
	Location by dates and quantities   FILE DRAWER IN CABINET BY EAST WALL-3 FILE (Room, vault, wall-N.E.S.W., section, bin, shelf,
-	DRAWERS IN CABINET ON TOP OF CABINET CENTER OF VALLET - 6 FILE BOXES Choinet, on viloor)
	IN TOPROW 3D BIN FROM E. WALL BYS. WALL ALLIN YAVLT NEAR ROOM 318 MUNICIPAL
	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
0	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

DFICHER- MACK-FAWCETT. 12-4-1939 (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Cox	BALTIMORE CITY State MARYLAND
	ne of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Add	dress of office of custody ROOM. 320 MUNICIPAL BLDF. (Name of building, room number, street address)
1.	Title (Give present full title in quotes; assigned title, if any, in brackets.
	If record has had other titles, list them with dates or quantities or both)
2.	Dates JAN. 1907 — AUF, 17 1909 (Earliest and latest dates; missing dates. Show exact date of breaks).
3.	Quantity 2 BUNDIES (Number of volumes; file drawers; file boxes; bundles; other)
4.	Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5.	Discontinued and missing records  NONE  (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
	missing, if possible)
6.	Contents CONSISTS OF LABOR APPLICATION BLANKS SHOWING (Purpose and general nature of record. Principal items of information
	NAME OF APPLICANT, DATE RESIDENCE WARD AND shown. Summary of forms us a in a bing record, their headings, etc. If a very
	PRECINCT NO. NAME OF PARTY RECOMMENDING THE general or miscellaneous record, detailed information as to type of records
•	APPLICANT LOCATION BY STREET NO. WARD AND contained and dates covered by each should be given. Unless contents of these
,	PRECINCT NO. OF APPLICANTS REGISTRATION SIGNATURE records are described by other Forms 12-13file, such forms should be filled out
(	OF PARTY APPROVING APPLICATION, DATE CHECKED
	FCR: 12-13FRRevised (See reverse side) 16-6419

	SEE FORM, ATTD.
7.	Arrangement CHRONO, BY DATE OF APPLICATION. (Chronologically-by what? Numerically-by what? Alphabetically-by what
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for
9.	and place cross reference here to that form by title and identification number)  Writing HDW ON PRINTED FORM  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give mont
	and years covered by each kind of writing)
10.	Size 2 BUNDLES 7"X 5" X 3" FACH APPROX 2500 (Of record or container. Height, width, thickness or depth. Average number of
	APPLICATIONS. pages or documents)
11.	Location by dates and quantities // CABINET NO. 1 BY WEST (Room, vault, wallN.E.S.W., section, bin, sholf,
	WALL IN VAULT NEAR ROOM 102 CITY HALL Beabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)

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Serial 271

## DFICHER-PEYTON. OCT. 26, 1939. SERIAL No. 272 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SHRVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLD6. (Name of building, room number, street address)
1. Title { LABOR BUREAU & W.P.A. APPLICATION CARDS} (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Farliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 15 FILE DRAWERS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SEE ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  NONE  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF LABOR BUREAU AND W.P. A. APPLICATION (Purpose and general nature of record. Principal items of information
CARDS SHOWING NAME OF APPLICANT RESIDENCE DATE shown. Summary of forms used in making record, their haddings, etc. If a very
OF APPLICATION NAME OF PARTY RECOMMENDING THE general or miscellancous record, detailed information as to type of records
APPLICANT WARD AND PRECINCT NO.4CLASS OF LABOR contained and Dates covered by each should be given. Unless contents of these
RECORD IS USED AS A REGISTRATION FILE SHOWING records are departed by other Forms 12-13fir, such forms should be filled out
NAMES OF MEN ACCEPTED AND AVAILABLE FOR
THE A TACTOR ! I O I WITH TO

6.	Contents-continued WORK WHEN MEN ARE NEEDED, CARD	i
	DECEASED APPLICANTS ARE PLACED IN INACTIVE	E FILE
	LABELED DEAD"	
7.	Arrangement ALPHA, BY NAME OF APPLICANT (Chronologically-by what? Numerically-by what? Alphabetically-by	what?)
8.	Indexing NONE (Self-containeddescribe what it shows. If separate, fill out a form	, , , , , , , , , , , , , , , , , , ,
	(Self-containeddescribe what it shows. If separate, fill out a form	for it,
	and place cross reference here to that form by title and identification number	<u>r)</u>
9.	Writing TYPED 4 HDW. OF PRINTED FORM. (Handwritten. Handwritten printed form. Handwritten printed head. To	ped.
		*
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give	months
•	and years covered by each kind of writing)	<u>                                     </u>
10.	size 12 DRAWERS 3"X 5" X 17" APPROX 9000 C. (Of record or container. Height, width, thickness or depth. Average number	ARDS.
	DRAWERS 3½"x6"x 17"EACH APPROX 3000 pages or documents)	<u>EARD</u>
		•
11.	Location by dates and quantities /N WOOD CABINET BY EAST WA (Room, wault, wallN.E.S.W., section, bin, sh	LL //
	ROOM 320 MUNICIPAL BLDF.	
	cabinet, on floor)	
		·
12.	Other information	,
	(Condition of record if not good. Relation to other records	•
	Information on prior, subsequent, or similar records. Whether record is known	own
	<u> </u>	
	to have been kept earlier than dates shown in item 2)	
13.	(For use in Florida.) Early imprints	
	(Author) (Publisher)	
	(Place of publication) (Date of publication)	

M.4 BURE	AU OF MECHANICAL FLECTRICAL SERVICE
DENDA.	ROOM 320 MUNICIPAL BLDE.
DRAWER	WORK CARDS YELLOW FROM LABOR BUREAU
	TIME JOHN W. FERRELL
altriber out fit	BUREAU OF STORES
	AND SOLISE TRACES WITH STEEL SOLISE AND ASSESSED AND ASSESSED.
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Land Condain	SUPERVISION W.P.A. WORK.
N The second	ACCIDENTS - HISTORY CARDS - INCINERATOR - DOCTORS SIGNED SLIPS.
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MATERIAL LOST

DELCHER-MACK-PEYTON NOV. 1.
(Worker's full name) (Date)

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE CITY State MARYLAND.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 340 MUNICIPAL BLDE. (Name of building, room number, street address)
1. Title BUREAU OF MECHANICAL FLECTRICAL SERVICE TIME SHEET (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1938 - 1939 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / DRAWFR (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF TIME SHEET SHOWING DATE, NAME OFFOREMAN, (Purpose and general nature of record. Principal items of information
ENDINEER, DIVISION HEAD, OFFICE, NAME OF EMPLOYEE shown. Summary of forms used in making record, their headings, etc. If a very
NUMBER CLASS, ITEM NO. ORDER NO. OPERATION, HOURS general or miscellaneous record, detailed information as to type of records
WORKED, HOURS PAID, ACCOUNT UNDER EACH ITEM, contained and dates covered by each should be given. Unless contents of these
MATERIAL INSTALLED SHOWING ITEM NO. ORDER NO. records are described by other Forms 12-13HR, such forms should be filled out
QUANTITY & DESCRIPTION OF MATERIAL USED, TOTAL HOURS,
WPA FORM 12-13HRRevised (See reverse side) 16-6419

(See reverse side)

6.	Contents—continued AND LOCATION AND DESCRIPTION OF WORK
	BACK OF SHEET GIVES INSTRUCTIONS. SEE ATTO, FORM,
7.	Arrangement CHRONO, BY DATE OF TIME SHEET (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED, 4 HDW, ON PRINTED FORM.  (Handwritten, Handwritten printed form, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size   DRAWER 3"2" X 29" X 36" APPROX: 500 SHEETS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities 7TH DRAWER FROM TOP IN WOODEN (Room, vault, wall-N.E.S.W., section, bin, sholf,
	CABINFT CENTER OF ROOM 322 MUNICIPAL BLDG, cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
.3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

MDB 58221

I bereby certify bours credited as indicated berson represent actual bours earned in the performance of duty this day; and further that the bours indicated.

# CITY OF BALTIMORE

BUR. OF MECH.-ELEC. SERVICE-TIME SHEET DATE

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DESCRIPTION OF WORK	DES			LOCATION		ITEM NO.
				TOTAL HOURS		
ITEM NO. ORDER NO.						
		ACC	HC	NAME	CLASS	NUMBER
		coul	DUR RKE	DIV. HEAD INSTRUCTIONS ON REVERSE SIDE	BEE INSTRUCT	
QUANTITY DESCRIPTION		NT	s			
ITEM NO. ORDER NO.			OPERATION	N ENGINERS	FORREAM	
MAIERIAL INSTALLED			ORDER No.			
G 1	3	2	ITEM No.	ther that the hours indicated were earned on operations cited.	e hours indicar	ther that th
				estinimance of way tons and, with the	201 111 112 112 hans	CU 1210 CI 1239 + 20

ITEM

DELCHER- PEYTON, (Worker's full name)

OCT, 2, 1939.

SERIAL No. 274 (Form identification number)

WOFKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty BALTIMORE CITY State MARYLAND
Name of agency or office BURFAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BIDE.  (Name of building, room number, street address)
1. Title DAILY LABOR & SALVAFE REPORT (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1932 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / CARDBOARD TRANSFILE CASE (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling 1932 DA/LY LABOR & SALVAGE REPORT (Explain fully; years; numbers; letters; number of records so Tabeled)
5. Discontinued and missing records
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF DAILY LABOR & SALVAFF REPORT FOR (Purpose and general nature of record. Principal items of information
/NCINERATOR DIVISION OF MECH, ELEC, SERVICE shown. Summary of forms used in making record, their headings, etc. If a very
BUREAU SHOWINE DATE NUMBER OF MEN WORKIN general or miscellaneous record, detailed information as to type of records
TOTAL HOURS WORKED CLASSIFICATION AND COST, contained and dates covered by each should be given. Unless contents of these
FOR EACH MAN TOTAL HOURS AND COST FOR ALL MEN records are described by other Forms 12-13AR, such forms should be filled out
FOR 24 HOUR PERIOD, AMOUNT OF SALVAGE
WDA TODA 12 17TD Thui

6.	Contents—continued KECEIVED AND NAME OF PARTY OR FIRM TO.
	WHOM DELIVERED, CONDITION OF WEATHER AND NUMBER
	OF TONS OF RUBBISH RECEIVED FOR PERIOD COVERED
	BY REPORT AND SIGNATURE OF FOREMAN.
7.	Arrangement CHRONO, BY DATE OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW, ON PRINTED FORM. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size TRANSFILE CASE APPROX 360 REPORTS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities 67H. BIN FROM WEST WALL STROW (Room, vault, wall-N.E.S.W., section, bin, sholf,
	FROM TOP BY NORTH WALL IN VAULT NEAR ROOM cabinet, on floor)
	318 MUNICIPAL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
L3,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) · (Date of publication)

#### DFICHER-MACK-KILROY, NOV. 10,1939, SERIAL No. 275 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SHRVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Country BALTIMORE	DITK State MAI	CYLAND
Name of agency or office BURF	AU OF MFCHANICAL of custody) (Office which made	e the record, if different)
Address of office of custody	ROOM 322 M.	MINICIPAL BIDE. mber, street address)
1. Title "CONSTRUCTION (Give present full TIME RE	COST RECORD " title in quotes; assigned tit CORD itles, list them with dates of	le, if any, in brackets.
2. Dates 1930 (Earliest and 1s	atest dates; missing dates. S	how exact date of breaks).
3. Quantity / F/LE DRA (Number of vo.		
4. Labeling CONSTRU (Explain fully; year		
5. Discontinued and missing reco	rds //ONE. (If record discontinued	., give reason and state
whether same information s	hown in another record. Expl	ain why records are
6. Contents (Furpose and gener	NSISTS OF TIME RI	al items of information
Shown. Summary of forms u	Sed in making record, their h	SERVICE BUREAU. eadings, etc. If a very
SHOWING TOTAL A	ecord, detailed information of	DAYS RATE PER. s to type of records
HOUR & NAME AN contained and dates covered	d by each should be given.	nless contents of these
records are described by o	ther Forms 12-13-12, such form	s should be filled out
and attached)	3	
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents—continued
2	A PURANA RY DATE OF CUEST
(.	Arrangement CHRONO BY DATE OF SHEET. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED & HDW ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / FILE DRAWER 3/2" x 29" x 36" APPROX 60 SHEETS. (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities IN TOP OF METAL CARINET CENTER (Room, vault, wall-N.E.S.W., section, bin, shelf,
	OF ROOM 322 MUNICIPAL BLDF. cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELCHER -MACK-KILROY NOV:
(Worker's full name) (Date)

WOPKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

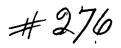
VOLUMES AND UNBOUND RECORDS FORM

County BALTIMO	RE CITY	State MA	RYLAND	
Name of agency or o	ffice BUREAU (	OF MECHANICAL E stody) (Office which	LECTRICAL SERVICE.	ent)
Address of office o	f custody ROC	OM 320 MUN ame of building, room	number, street address)	
1. Title (Give	77MF present full title	PEPORTS in quotes; assigned	title, if any, in brackets.	
If record ha	s had other titles	, list them with date	s or quantities or both)	
2. Dates (E	1936 - 19 arliest and latest	dates; missing dates	. Show exact date of breaks	5)-
3. Quantity	BUNDLE (Number of volumes	; file drawers; file	boxes; bundles; other)	
			er of records so labeled)	
5. Discontinued and	missing records_	(If record discontin	ued, give reason and state	
whether same	information shown	in another record.	xplain why records are	
missing, if p	ossible)			
6. Contents <u>CONS</u> (Purp	ISTS OF TIME	ME RECORD C	FEMPLOYEES IN cipal items of information	CAB
INSPECTION Summar	V DIVISION ry of forms used i	OF BUREAU On making record, their	r headings, etc. If a very	VICE.
SHOWING general or mi	DATE IN seclioncous record	SPECIOR'S N., detailed information	AME NUMBER	OF
HOURS W	dates covered by	A.M. & P.M. C. each should be given.	Unless contents of these	2E
WEEK A	ND SIENA escribed by other	TURE OF P	ARTH MAKING	
REPORT and attached)	SEE ATT	D COPY	orders to (mill)	
WPA FORM 12-13HRR	evised	(See reverse side)	16-6419	

(See reverse side)

16-6419

	and the second s
	6. Contents—continued
	7. Arrangement CHRONO, BY WEEKS. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
(	3. Indexing NONE (Sclf-contained-describe what it shows. If separate, fill out a form for it,
	(Sell-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9	9. Writing HDW, ON PRINTED FORM, (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	(Iddawii 100011 Iddawii 10001 pi 111001 101m. Iddawii 10001 pi 111001 101m.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10	O. Size / B.D. // X 8/2" X 11" APPROX. 200 REPORTS.  (Of record or container. Height, width, thickness or depth. Average number of
	(Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
	•
. 13	Location by dates and quantities ON TABLE IN SOUTHEAST CORNER (Room, vault, wallN.E.S.W., section, bin, shelf,
1:	. Location by dates and quantities ON TABLE IN SOUTHEAST CORNER (Room, vault, wallN.E.S.W., section, bin, shelf,
1:	Location by dates and quantities ON TABLE IN SOUTHEAST CORNER (Room, vault, wallN.E.S.W., section, bin, shelf, cabinet, on floor)
	OF ROOM 322 MUNICIPAL BLDF.  cabinet, on floor)
	·
	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.
	OF ROOM 322 MUNICIPAL BLDF. Cabinet, on floor)  3. Other information
	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.
	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
12	Cabinet, on floor)  Cabinet, on floor)  Condition of record if net good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)
12	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
12	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
12	Cabinet, on floor)  Cabinet, on floor)  Cabinet, on floor)  Condition of record if net good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  Cabinet, on floor)  Condition of record if net good. Relation to other records.
12	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
12	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
12	Cabinet, on floor)  Cabinet, on floor)  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)



### BUREAU OF MECHANICAL-ELECTRICAL SERVICE

							Date
JBJECT:	REPORT	SHOWING	TIME	EMPLOYEES	TN	CARLE	TNSPECTION DIVISION PERCENTAGE

SUBJECT: REPORT SHOWING TIME EMPLOYEES IN CABLE INSPECTION DIVISION REPORTED FOR WORK FOR THE WEEK OF:

INSPECTOR MONDAY		DAY	TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	
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Signed.	·
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# DFICHER-MACK-FAWCETT NOV. 30 1939 SERIAL No. 277 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE. (Name of building, room number, street address)
1. Title TIME BOOKS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates OC7. 5. 1911 - APR. 20. 1915 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 3 BUNDLES (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF FOREMANS TIME BOOKS SHOWING (Purpose and general nature of record. Principal items of information
EMPLOYEES NAME AND NUMBER OF HOURS WORKED PE
DAY BY WEEK, PARES ARE RULED FOR 7 DAYS, general or miscellaneous record, detailed information as to type of records
CLASSIFIED COLUMNS SHOW HOURS WORKED ON EACH DA
AND CLASS OF LABOR. records are described by other Forms 12-13HR, such forms should be filled out
and attached) ,
WPA FOR: 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued
7.	Arrangement CHRANA BY DATE OF ENTRY (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	맛이 보고 하는 것이 없는 것이 없다면
	Indexing NONE. (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HOW ON PRINTED PASES (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size 2 BDIS. 10"X 4"2" X 7"2" FACH 45 BOOKS  (Of record or container. Height, width, thickness or dopth. Average number of
	/ BDL, 24" x 4"2" x 7"2" 51 BOOKS. pages or documents)
1.	Togation by dates and quantities IN RIN NA 17 RY SAUTH MAIL IN
	Location by dates and quantities IN BIN NO, 17 BY SOUTH WALL IN (Room, vault, wallN.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDF, cabinet, on floor)
2.	Other information (Condition of record if net good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELPHER-PEYTON OCT. 18, 1939. SERIAL No. 278 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

-	
Con	unty BALTIMORE CITY. State MARYLAND
Na	me of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Add	dress of office of custody ROOM 320 MUNICIPAL BIDE. (Name of building, room number, street address)
1.	Title EMPLOYEES TIME RECORD?  (Give present full title in quotes; assigned title, if any, in brackets.
	If record has had other titles, list them with dates or quantities or both)
2.	Dates DFC 30/9/9-FFB, 1923. (Earliest and latest dates; aissing dates. Show exact date of breaks).
3.	Quantity 12 VOLUMES (Number of volumes; file drawers; file boxes; bundles; other)
4.	Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5.	Discontinued and missing records  (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
	missing, if possible)
6.	Contents CONSISTS OF RECORD OF EMPLOYEES TIME SHOWING. (Purpose and general nature of record. Principal items of information
	NUMBER OF HOURS WORKED DAILY, RATE PER HOUR, TOTAL shown. Summary of forms used in making record/ their headings, etc. If a very
	HOURS WORKED PER WEEK AND TOTAL COST FOR LABOR ON general or miscellaneous record, detailed information as to type of records
	CONSTRUCTION FOR WEEK.  contained and dates covered by each should be given. Unless contents of these
	COLUMN HEADINGS SHOW LETTER & NO. OF EMPLOYEE records are described by other Forms 12-13AR, such forms should be filled out
	NO. OF DAYS WORKED, HOURS WORKED, RATE PER DAY
WP	A FORM 12-13FRRevised (See reverse side) 16-6419

6.	Contents—continued AND TOTAL AMOUNT OF PAK
7.	Arrangement CHRONO, BY DATE OF ENTRY (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indoxing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
0	and place cross reference here to that form by title and identification number)
9.	Writing HDW, ON PRINTED PASES.  (Handwritten, Hundwritten printed form, Handwritten printed head, Typed.
	Typed printed form: Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 12 VOLUMES 15" X 7"4" X 1" FACH 100 PAFES (Of record or container. Height, width, thickness or depth. Average number of
	EACH VOLUME TOTAL 1200 PAGES.  pages or documents)
11.	Location by dates and quantities /N TOP ROW /ST. BIN FROM EAST
	WALL BY SOUTH WALL IN VAULT NEAR ROOM
	318 MUNICIPAL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(40000000)
	(Place of publication) (Date of publication)

# DELCHER-PEYTON-MACK NOV. 3, 1939 SERIAL No. 279 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BURFAU OF MECHANICAL FIECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody Room 320 MUNICIPAL BLOE.  (Name of building, room number, street address)
1. Title DEPARTMENTAL SALARIES & PERDIEM RECORD (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1929 - 1939
2. Dates /929-1932 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / LOOSE LEAF BINDER
3. Quantity / LOOSE / EAF BINDER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
(II record discontinued, give reason and state
whether same information shown in another record. Explain why records are
" Some life and life and the angular and the angular and
missing, if possible)
6. Contents CONSISTS OF SALARY & PERDIEM SHEETS SHOWING. (Purpose and general nature of record. Principal items of information
WEEKLY ENTRIES FOR VARIOUS DEPARTMENTS OF shown. Summary of forms used in making record, their headings, etc. If a very
BUREAU OF MECHANICAL ELECTRICAL SERVICE.
contained and dates covered by each should be given. Junless contents of these
NUMBER 4 SYMBOL, ACCOUNT NO. AND AMOUNT records are described by other forms 12-13fix, such forms should be filled out
OF SALARY & PERDIEM.
WPA FOR: 12-13FRRevised (See reverse side) 16-6419

6.	Contents—continued					
7.	Arrangement CHRONO, BY DATE OF ENTRY BY DEPARTME. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)					
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,					
9.	and place cross reference here to that form by title and identification number)  Writing HDW, DN PRINTED FORM.					
	Writing (Handwritten: Handwritten printed form. Handwritten printed head. Typed.					
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months					
٥.	and years covered by each kind of writing)  Size / LOOSE / FAF BINITER //" X /4" X 3/4" /52 SHEET  (Of record or container. Height, width, thickness or depth. Average number of					
	pages or documents)					
1.	Location by dates and quantities 5 TH, ROW FROM TOP 7 TH BIN FROM (Room, vault, wallN.E.S.W., section, bin, sholf,					
	EAST WALL BY SOUTH WALL IN VAULT NEAR ROOM.					
	318 MUNICIPAL BLDG.					
2.	Other information (Condition of record if not good. Relation to other records.					
	Information on prior, subsequent, or similar records. Whether record is known					
	to have been kept earlier than dates shown in item 2)					
3.	(For use in Florida.) Early imprints (Author) (Publisher)					
	(Place of publication) (Date of publication)					

PEYTON - DELCHER OCT 28, 1939 SERIAL No. 28
(Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

a PAITIAN DE PITY
Gounty BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVI (Office of custody) (Office which made the record, if different)
Address of office of custody 320 MUNICIPAL BLDG. (Name of building, room number, street address)
1. Title    DISTRICT NUMBERS   7-9"  (Give present full title in quotos; assigned title, if any, in bruckets.    METER READING RECORD BOOKS    If record has had other titles, list them with dates or quantities or both)
(Give present full title in quotes; assigned title, if any, in bruckets.
If record has had other titles, list them with dates or quantities or both)
1021
2. Dates 1934 — (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 9 BOOKS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling DISTRICT NUMBERS 1-9 (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
(II Teedia discontinued, give reason and soave
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF METER READING RECORD SHOWING (Purpose and general nature of record. Principal items of information
DATE METER SET, COMPANYS NO. TYPE AMP VOLIS shown. Summary of forms used in making record, their headings, stc. If a very
WIRE CONSTANT LOCATION DATE REMOVED DATE general or miscellaneous record, detailed information as to type of records
OF READING & DIFFERENCE READINGS ARE contained and dates covered by each should be given. Unless contents of these
MADE BY BOTH FAS CO AND CITY NEW records are described by other Forms 12-13HR, such forms should be filled out
RECORDS ARE KEPT BY CITY IN ORDER TO

	Contents—continued CHECK FOR POSSIBLE ERRORS L
_	TAS CO. READINGS AND BILLS.
F	Arrangement CHRONO, BY DATE OF READING. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
	Writing HDW ON PRINTED FORM.  (Handwritten, Handwritten printed form, Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	Size 9 BOOKS //"X 5: "X//" FACH /OO SHEETS (Of record or container. Height, width, thickness or depth. Average number of EACH,
	pages or documents)
	Location by dates and quantities ON TABLE NEXT TO DOOR IN (Room, vault, wall-N.E.S.W., section, bin, shelf,
	N.E. CORNER ROOM 321 MUNICIPAL BLDE.
(	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

#### BUREAU OF MECHANICAL-ELECTRICAL SERVICE

LIGHTING DIVISION

ELECTRIC METER READING RECORD



Meter Reading Form For Electric and Steam

					31.3			As .
DATE	COMPANY'S NUMBER	TYPE	AMP.	VOLTS	WIRE	CON- STANT	LOCATION	REMOVED
021	NOMBER							NZ.NOVED
					4 7			
DATE	READI	NG.	DIFFE	R-	DA		DEADING	DIFFER-
DATE	READI	NG	ENC	E	DA.	I E	READING	ENCE
1936 JAN.					JULY			
FEB.					AUG.			
MARCH					SEPT.			
APRIL					ост.			
MAY					NOV.			
JUNE					DEC.			
JULY					1939 JAN.			
AUG.					FEB.			
SEPT.					MARC			
ост.					APRIL			
NOV.		-			MAY			
DEC.					JUNE			
1937 JAN.					JULY			
FEB.					AUG.			
MARCH					SEPT.			
					ост.			
APRIL								
MAY					NOV.			
JUNE					DEC.			
JULY					1940 JAN.			
AUG.					FEB.			
SEPT.					MARC	н		
ост.					APRIL			
NOV.					MAY			
DEC.					JUNE			
JAN.					JULY			
FEB.					AUG.			
MARCH					SEPT.			
APRIL					ост.			
					1147			
MAY					NOV.			
JUNE					DEC.			
FORM NO. 9	5							MDB 8120 L

DFICHER-MACK-FAWCEET DFC. 5, 1939. SERIALNO.28/
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVIE.  (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)
1. Title FANG RECORD BOOKS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1899 - 1905 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity SPECORD BOOKS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SFF ADDENDA (Explain fully; years; numbers; lotters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
사용하다 (Barting Allegaria and Barting Allegaria) 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents ONSISTS OF NAMES AND ADDRESSES OF EMPLOYEES (Purpose and general nature of record. Principal items of information
IN ELECTRICAL COMMISSION DEPT. IN THEIR RESPECTIVE shown. Summary of forms used in making record, their headings, etc. If a very
LABOR CLASSIFICATION NUMBERFD CONSECUTIVELY general or miscellaneous record, detailed information as to type of records
RECORDS SHOW NEW 9-01D WARD NO. CLASS OF contained and dates covered by each should be given. Unless contents of these
LABOR DATE PUT TO WORK DATE LAID OFF, records are described by other Forms 12-13fR, such forms should be filled out
BEASON FOR DISMISSAL, DATE RESIGNED AND
WPA FORM 12-13FRRevised (See roverse side) 16-6419

Contents—continued REMARKS.
Arrangement NIIM, BY WARD NO. ALHA, BY LABOR CLASSIFICA. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing NONE, (Solf-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing HDW, ON PRINTED FORM. (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size 8 BOOKS 14"X9","X1" EACH, 250 PAFFS FACE (Of record or container. Height, width, thickness or depth. Average number of
pages or documents)
Location by dates and quantities // METAL CABINET NO. / BI (Room, vault, wallN.E.S.W., section, bin, sholf,
WEST WALL IN VAULT NEAR ROOM 102 CITY Cabinet, on floor)
HALL BLDG.
Other information (Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

BUREAU OF MECHANICAL FIFCTRICAL SERVICE.						
JTE	ITEM 4,					
AD	DENDA.	ROOM 320 MUNICIPAL BLDG.				
/	BOOK	1 FANF BOOK 1899				
2	b	192-1899				
1	1)	GANE BOOK 1900				
1		11 1901				
1	5 (alidetria	11 1902-1903.				
1	CONTRACTOR OF THE PARTY OF THE	11 1903 - 1904,				
_/	,	11 1905				

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WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE CITY	State MARYLAND
Name of agency or office BURFAU OF (Office of custo	MFCHANICAL ELECTRICAL SERVICE dy) (Office which made the record, if different)
Address of office of custody ROOM (Name	of building, room number, street address)
1. Title "LETTERS"  (Give present full title in	quotes; assigned title, if any, in brackets.
	ist them with dates or quantities or both)
2. Dates (Earliest and latest da	tes; missing dates. Show exact date of breaks).
3. Quantity 4 FILE DRAY (Number of volumes; is	VFRS ilo drawers; file boxes; bundles; other)
	ers; letters; number of records so labeled)
5. Discontinued and missing records (I	MONE f record discontinued, give reason and state
whether same information shown in	enother record. Explain why records are
missing, if possible)	
6. Contents CONSISTS OF IFT: (Purpose and general nature	TERS TO AND FROM BUREAU e of record. Principal items of information
OF MECHANICAL FIRE shown. Summary of forms used in me	eking record, their headings, etc. If a very
TO CONDUIT CONNE	ctailed information as to type of records
ELECTIPICAL WORK Contained and dates covered by each	AS LINE WORK & CONNECTIONS of should be given. Unless contents of these
AND FLECTRICAL records are described by other Form	WORK & CONNECTIONS as 12-13HR, such forms should be filled out
THIS IS A FENERAL CON	PRESPONDENCE RELATIVE TO
WPA FORM 12-13HRRevised (So	oo reverse side) 16-6419

6.	Contents—continued NEW INSTALLATIONS, DISCONTINUED
	SERVICE IMPROVEMENTS AND BEPAIRS,
7.	Arrangement A) PHA, BY NAME OF CORRESPONDENT.  (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED 9 HDW, ON PRINTED LETTER HEAD. (Handwritten, Handwritten printed head. Typed.
	Typod printed form. Typod printed head. Printed. Photostat. Other. Givo months
	and years covered by each kind of writing)
10.	Size 4 FILE DRAWERS APPROX 500 LETTERS, (Of record or container. Height, width, thickness or depth. Average number of
	pagos or documents)
11.	Location by dates and quantities // WOODENCABINET N. W. (Room, vault, wall-N.E.S.W., section, bin, sholf,
	CORNER ROOM 320 MUNICIPAL BLDE.
-	
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# ITEM 4 BUREAU OF MECHANICAL ELECTRICAL SERVICE ADDENDA ROOM 320 MUNICIPAL BLDE. I FILE DRAWER UNDERGROUND FLEC, WORK LETTERS I " " CONDUIT SYSTEM LETTERS I " " LETTERS

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WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE	CITY State MARY	CHAND
Name of agency or office BUR (Office	FAU OF MECHANICAL E. of custody) (Office which made	I FCTRICAL SFRVICE the record, if different)
Address of office of custody	ROOM 320 MU/ (Name of building, room numb	NICIPAL BIDE. per, street address)
1. Title // TRAN/ (Give present full	SIT FIFID BOOK title in quotes; assigned title	e, if any, in brackets.
If record has had other	titles, list them with dates or	quantities or both)
2. Dates 1900.	latest dates; missing dates. Sho	w avant data of breaks)
(Number of v	OOKS, rolumes; file drawers; file boxes	s; bundles; other)
4. Labeling SFF (Explain fully; ye	ADDENDA ears; numbers; letters; number of	records so labeled)
5. Discontinued and missing rec	cords NONE MISSING	give reason and state
	DISCONTINUED shown in another record. Explain	
missing, if possible)		
6. Contents PONS/STS O	F /NSPECTORS F/F	items of information
STRFF I SURFAC shown. Summary of forms	F DRAWINGS AT used in making record, their hea	dings, etc. If a very
VIVING DETAIL general or miscellaneous	FD MEASUREME record, detailed information as	to type of records
NUMBERS. THE contained and dates cover	IS SYSTEM WAS I cod by each should be given. Unl	USED BY INSPECTOR
IN CASES WHERE records are described by	E OBSTRUCTIONS other Forms 12-13HR, such forms	should be filled out
SYSTEM OCCUP	PRED AND IT WAS	NECESSARY FOR
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

(See reverse side)

16-6419

6.	Contents continued THE AREA INVOLVED TO BE DRAWN AND
	SURVEYED:
7.	Arrangement ALPHA, BY NAME OF STREET. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing SEE SERIAL NO. 158  (Self-contained-describe want it shows. If separate, fill out a form for it,
9.	writing HDW, 4 DRAWINGS ON RULFD PAGES (Handwritten, Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 114 BOOKS 714" X 412" X 3/4" FACH. 120 (Of record or container. Height, width, thickness of depth. Average number of
,	PAFES FACH. pages or documents)
11.	Location by dates and quantities ///.B/M 23 BY SOUTH WALL (Room, vault, wallN.E.S.W., section, bin, shelf,
	IN VAULT NEAR ROOM 102 CITY HALL BLDG.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELCHER-MACK-KILROY 13 UREAU OF MECHANICAL ELECTRIC SERVICE SHEET 1 # 1300M # 320 MUNICIPAL BUILDING ENDA-VAULTIN HALLWAY NEXTTOROOM/02 CITY HALL TRANSIT BOOK 20 2 no 4 -11 no 5 /1 )) 1) 2/0/2 9/1/5 910.16 9/018 9/0 20 ), 1, 11-20 22 920:23 20,24 

SHEET 2	BUREAU	OF MECHANICAL ELECTRIC	SERVICE
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			- MECHANICAL ERECTIFIC SERVICE
	TEM 4.	ROOM 2	#320 MUNICIPAL BUILDING HALLWAY NEXT TO ROOMIOZ CITYHALL
1	TRANSIT		
1	11	h	20 26
/	11	/1	220 27
1	11	11	210 28
1	1)	11	no 29.
1	11	1	no 30
1	).1	h	No 31
1	11	11	200 32
1	/1	11	210 33
1	. /1	11	960 34
1.	1	)1	no 35
1	7,	21	910 36
1	/1	11	ns 37
1	11	-),	20 38
	11	11	910 39
1	1	21	910 40
1	14	11	900 41
1	11	11	910 42
1	14	11	960 43
1	10	/)	m 44
1	11	11	20 45
1	),	1,	910 46
1	1)	11	210 47 -
1	1,	K	20 48

SHEET 3 BURFAU OF MECHANICAL ELECTR

no 72 20 73 11 11

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DELEHER-MACK-KILROY			
SHE	ETS BUREAU OF	MECHANICAL ELECTRIC SERVICE # 183.	
17		#320 MUNICIPAL BUILDING	
A	DDENDA-VAULT	INHALLWAY NEXT TO ROOM 102 CITY HALL	
/	TRANSIT BOOK	910 98	
1	11 . 11	96 99	
1	)/ //	No 100	
1	// //	PLO 101	
1	1 /1	210102	
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1	. 11	910 107	
1	//	210 108	
1	11 h	910 109	
1	1	200110	
1	11	910 111	
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WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BAITIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MESHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLIE (Name of building, room number, street address)
1. Title // // // // // // // // (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 5 BOOKS (Number of Volumes; Tile drawers; file boxes; bundles; other)
4. Labeling SFF ADDENDA (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possiblo)
6. Contents CONSISTS OF INDEX BOOKS FOR LABOR FANGERECO. (Purpose and general nature of record. Principal items of information
shown. Summary of forms used in making record, their headings, etc. If a very
Seneral or miscellaneous record, detailed information as to type of records
MO. OF FAME BOOK contained and dates covered by each should be given. Unloss contents of those
records are described by other Forms 12-137R, such forms should be filled out
and attached) ,
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued
7.	Arrangement ALPHA BY NAME OF EMPLOYEE SHOWING PARE N (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing Solf-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Holy ON JETTERED TABLES PAGES. (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size   BOOK 16"XII" X   " 4 BOOKS 14" X 1" X 8"/2" FACH.  (Of record or container. Height, width, thickness or depth. Average number of
	25 PAFFS EACH pages or documents)
1.	Location by dates and quantities // STEEL CARNET NA / BY WEST WALL (Room, vault, wallN.E.S.W., section, bin, sholf,
	IN VAVIT RAOM NEAR ROOM 102 CITY HALL BLDE, cabinet, on floor)
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Waether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

ITEM 4	BURGAU OF MECHANICAL	E/peTRIEAL	SERVICES.

Ha	dereda	Boom #300 MUNICIPAL BIde
1	BOOK	No. 1 1899 LABOR INDEX RECORD.
1	, ,	" 2 LABOR RECORDENCEX 1900.
1	n	" 3 RECORD BOOK INDEX 1901
1	,	" 4 INDEX BECORD BOOK 1902
1	n	" 5 INDEX to RECORD BOOKS OF GANGS 1903.

DE/cher-Mack-Fawcett 12-5-39 SERIAL No. 285
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Con	BAITIMORE CITY State MARYLAND.
Nam	e of agency or office Bureau of Mechanical Electrical Service (Office of custody) (Office which made the record, if different)
	ress of office of custody Boom #3>0 MUNICIPAL Blda (Name of building, room number, street address)
١.	Title "LAbor RECORD Book."  (Give present full title in quotes; assigned title, if any, in brackets.
	If record has had other titles, list them with dates or quantities or both)
٠	Dates 1899 - 1903 (Earliest and latest dates; missing dates. Show exact date of breaks)
3.	Quantity / Book (Number of volumes; file drawers; file boxes; bundles; other)
	(Number of volumes; file drawers; file boxes; bundles; other)
	Labeling Liber BECORd 1899 1900 to 1903. (Explain fully; years; numbers; letters; number of records so labeled)
	Discontinued and missing records Novi:  (If record discontinued, give reason and state
	whether same information shown in another record. Explain why records are
-	missing, if possible)
. (	Contents RECORD CONSISTS OF NAMES AND ALGORESSES OF LABORERS (Purpose and general nature of record. Principal items of information
••	EMPloyied By Electrical Commission showing I denification shown. Summary of forms used in making record, their headings, etc. If a very
	LETTER AND NUMBER, WARD NUMBER, LABORE/ASSIFICATION general or miscellaneous record, detailed information as to type of records
_	contained and dates covered by oach should be given. Unless contents of those
-	records are described by other Forms 12-13HR, such forms should be filled out
-	and attached)
PΑ	FORM 12-13HRRevised (See revenee -: 1)

Contentscontinued
emakes (Along the Art Line of the Still 174)
Arrangement ALPHA BY LABOR CLASSIFICATION. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing HANG WRITTER ON BUIEG PAGES, (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
Typod printed form. Typod printed head. Printed. Photostat. Other. Givo months
and years covered by each kind of writing)
Size / Book // X 9" X /" 250 PA F F S (Of record or container. Height, width, thickness or depth. Average number of
pages or documents)
Location by dates and quantities STEEL CABINET By WEST WAILIN VAULT.  (Room, vault, wall-N.E.S.W., section, bin, sholf,  NEAR Room #10 Y 6-ty Hall Blds  cabinet, on floor)
Capinet, on Hoor)
Other information (Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
The first tensor with the control of
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

DELEMEN - MACK-FAWCETT NOV. 30, 1939 SERIAL No. 286 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty-BALTIMARE BITE State MARYLAND
Name of agency or office PUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody RODM 320 MINICIPAL PLANTS (Name of building, room number, street address)
1. Title BIDS'  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1899 - 1919 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 3 CARD BOARD FILE BOXES (Number of volumes; Tile drawers; Tile boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records //ONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF BIDS SUBMITTED BY VARIOUS FIRMS (Furpose and general nature of record. Principal items of information
TO CITY PERTAINING TO PROPOSA! FOR CONDUIT SMITEM shown. Summary of forms used in making record, their headings, etc. If a very
MATERIAL BIDS STAND DATE NAME OF BIDDER, CO.T.
AMOUNT OF MATERIAL TO BE FURNISHED IN STATED contained and dates covered by each should be given. Unless contents of those
PERIAD METHOD OF DELIVERY DESCRIPTION OF MATERIA records are described by other Forms 12-13HR, such forms should be filled out
and attached) NECESSARY BONDS ACCOMPAN BIDS
WPA FORM 12-13FRRevised (See roverse side) 16-6419

6.	Contents—continued
7.	Arrangement CHRONO, RV BID PLASSIFICATION. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE, (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPF1 DN PRINTED 1 FTT D HEADS AND (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	BLANK PAPER Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size /FILE BOX /6"2" X5"X12" APPROX 150 BIDS. (Of record or container. Height, width, thickness or depth. Average number of
	12"x 5" x 12" EACH APPROX, 350 BIDS. pages or documents)
11.	Location by dates and quantities NSTEEL BUNNOTERS SOUTH WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLOG, cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
17	(For use in Florida.) Early imprints
*•J.o ,	(Author) (Publisher)
	(Place of publication) (Date of publication)

# DEICHER-MACK-FAWCETT DEC 13,1939 SERIAL No. 287 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE CITY. State MARYLAND
Name of agency or office BURFAU OF MFCHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title PERSONNEL EXPENSE APPOUNT Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /907- /9/4 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 2 FILF BOXES (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONF (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF TRANSPORTATION EXPENSE ACCOUNTS OF (Purpose and general nature of record. Principal items of information
EMPLOYEES SHOWING NAME ADDRESS NAME OF PARTY shown. Summary of forms used in making record, their headings, etc. If a very
BECOMMENDING EXPENSE, WARD NO. DATE USED general or miscollaneous record, detailed information as to type of records
AMOUNT OF EXPENSE AND POINTS FROM WHICH AND contained and dates covered by each should be given. Unless contents of these
WHERETO TRANSPORTATION WAS USED. records are described by other Forms 12-13HR, such forms should be filled out
SIENED BY EMPLOYEE USING TRANSPORTATION.

(See reverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contents-continued
	Constitution of the contract o
7.	Arrangement CHRONO BY DATE OF EXPENSE ACCOUNT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing   YPED ON BLANK PAPER. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 2 F/LE BOXES 12" X 3" X 10" FAPH APPROX (Of record or container. Height, width, thickness or depth. Average number of
	5000 ACCOUNTS. pages or documents)
	pages of documents)
11.	Location by dates and quantities // STFF/ B/N //UMBFRED 18 (Room, vault, wallN.E.S.W., section, bin, shelf,
	BY SOUTH WALL IN VAULT NEAR ROOM 102
	CITY HALL BLDG.
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELCHER - PEYTON OCT 6, 1939. SERIAL No. 288 (Worker's full name) (Date) (Form identification number).

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SUNVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Soundy BALTIMORE CITY State MARYLAND.
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUIVIEIPAL BLOG. (Name of building, room number, street address)
1. Title (INSPECTORS SUMMARY OF DAILY REPORTS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / LOOSE / FA BINDER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
SYSTEM DISCONTINUED IN 1937 whether same information shown in another record. Explain why records are
whether same information shown in another record. Explain why records are
whether same information shown in another record. Explain why records are  missing, if possible)  6. Contents CANSIGTS OF SUMMARY OF SMOKE INSPECTORS REPORT  (Purpose and general nature of record. Principal items of information
whether same information shown in another record. Explain why records are missing, if possible)
missing, if possible)  6. Contents CANSIGTS AS SUMMARY OF SMOKE INSPECTORS REPORT  (Purpose and general nature of record. Principal items of information
missing, if possible)  6. Contents CANSIGTS AS SUMMARY OF SMOKE INSPECTORS REPORT (Purpose and general nature of record. Principal items of information  SHAWING DATE, LOCATIAN OF BUILDING REPORTED, shown. Summary of forms used in making record, their headings, etc. If a very
missing, if possible)  6. Contents CANSIGTS AS SUMMARY OF SMOKE INSPECTORS REPORT (Purpose and general nature of record. Principal items of information  SHOWING DATE, LOCATION OF BUILDING REPORTED, shown. Summary of forms used in making record, their headings, etc. If a very  CORRES PONDENCE FILE NO WHERE CONTACT HAS general or miscellaneous record, detailed information as to type of records
missing, if possible)  6. Contents CANSISTS AT SUMMARY OF SMOKE INSPECTORS REPORT (Purpose and general nature of record. Principal items of information  SHAWING DATE, LOCATIAN OF BUILDING REPORTED, shown. Summary of forms used in making record, their headings, etc. If a very  CORRES PONDENCE FOR A MADE THRU CORRES ON DEACH HAS general or miscellaneous record, detailed information as to type of records  REFORM MADE THRU CORRES ON DEACH USE OF BLDE. centained and dates covered by each should be given. Unless contents of these

6.	Contents-continued
7.	Arrangement Alpha, BVNAMES OF BUILDINGS AND FIRMS (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Handwritten Printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size / LOOSE LEAF BINDER 13"X 10" X 1" 100 SHEETS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities IN WOODERCABINET PENTER DE VAULT (Room, vault, wall-N.E.S.W., section, bin, shelf,
	ROOM NEAR ROOM 318 MUNICIPAL BLUG
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELEGATE - PEYTON OCT. 10, 1939 SERIAL No. 289 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty BALTIMORE CITY State MARYLAND	
Name of agency or office BUREAU OF NECHANICAL FLECTRIC (Office of custody) (Office which made the record,	if different)
Address of office of custody Room 320 MINICIPAL (Name of building, room number, street	BLDF.
Give present full title in quotes; assigned title, if any, i	n brackets.
If record has had other titles, list them with dates or quantities	or both)
2. Dates JUNE 1927 - 750, 31, 1929 (Earliest and latest dates; missing dates. Show exact dates	e of breaks),
3. Quantity / BUNDLE (Number of volumes; file drawers; file boxes; Windles;	other)
Labeling (Explain fully; years; numbers; letters; number of records so	labeled)
5. Discontinued and missing records (If record discontinued, give reason	and state
whether same information shown in another record. Explain why recor	ds are
missing, if possible)	
6. Contents CONSISTS OF CENTRAL PAY ROLL BURES (Purpose and general nature of record. Principal items of i	JIME information
shown. Summary of forms used in making record, their headings, etc.	BUREAU If a very
OF MECHANICAL FLECTRICAL SERVICE EN	PLOYEES records
SHOWING TREET NAME, DATE BUDGET SYMBO contained and dates covered by each should be given. Unless content	APCOUNT,
EMPLOYEES NAME AND NUMBER HOURS WE records are described by other Forms 12-13mR, such forms should be f	illed out
HOURS PAID, TOTAL HOURS AND REMARK	5
WPA FORM 12-1 TURN-Rayi and (Con mayanga sida)	6410

Contents—continued SIGNED BY FOREMAN, APPROVED BY DEFT HE
Arrangement CHRONO, B.V. OATE OF SHEET (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing TYPED ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size BOL 3" X 11" X 12" APPROX 300 SHEET (Of record or container. Height, width, thickness or depth. Average number of
pages or documents)
Location by dates and quantities 20 ROW FROM TOP IN 57H BIN FROM (Room, vault, wall-N.E.S.W., section, bin, sholf,
EAST WALL BY SOUTH WALL IN VAULT NEAR ROOM eabinet, on floor)
318 MUNICIPAL BLDE,
Other information (Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

DEICHER-MACK-FAWCEIT. NOV. 4, 1939. SERIAL No. 290 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

BALTIMORE CITY State MARYLAND
Name of agency or office BURFAU OF MFCHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF.  (Name of building, room number, street address)
1. Title TIME REPORT  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates AUF, 10, 1908 - MAY 4 1909, (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity BOOKS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONS/STS OF FMPLOYFFS TIME REPORT (Purpose and general nature of record. Principal items of information
SHOWING DATE EMPLOYEES NO. 4 LETTER HOURS shown. Summary of forms used in making record, their headings, etc. If a very
WORKED REMARKS TOTAL HOURS LABOR CHA
NO. AND EMPLOYEES SIFNATURE contained and dates covered by each should be given. Unless contents of these
SEE COPP OF REPORT ATTD records are described by other Ferms 12-13AR, such forms should be filled out
and attached)
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Content s-continued
7.	Arrangement CHRONO. BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabotically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW. ON PRINTED FORM. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
0.	Size 9 BOOKS ///2"X 41/2" X 3/4" FACH 100 REPORTS (Of record or container. Height, winth, thickness or depth. Average number of
	EACH, pages or documents)
	pages or documents)
1.	Location by dates and quantities/N CABINET NO. 1 BY WEST WALL (Room, vault, wallN.E.S.W., section, bin, shelf,
	IN VAULT ROOM NEAR ROOM 102 CITY HALL
	BLDF.
2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept éarlier than dates shown in item 2)
	Paradistra issue de la company
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DATE, # 2

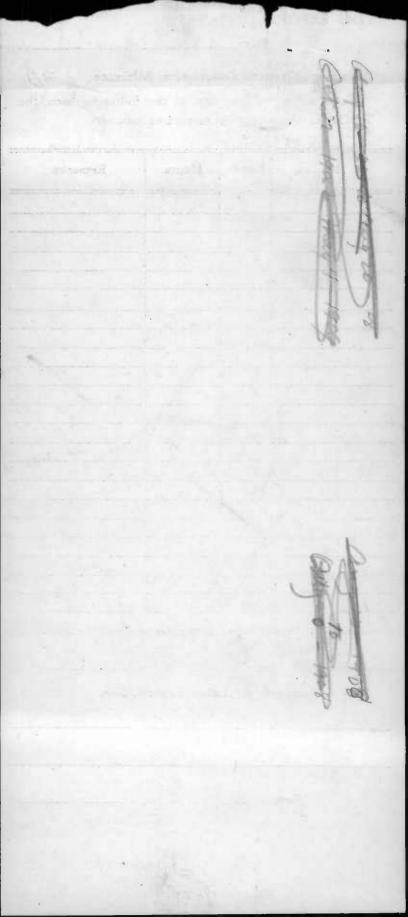
Paymaster, Electrical Commission, Baltimore: 090 Please allow for this day, to the following men, the

TIME set opposite their respective number:

No.	Letter.	Hours.	Remarks
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	11	0	
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		1	
Total			

Charge as per Labor Reports, Nos.

Sign



### DFICHER-MACK-FAWEETT, DEC. 4, 1939. SERIAL No. 291 (Worker's full name) (Date) (Form identification number)

WOFKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND.
Name of agency or office BUKFAU OF MFCHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different
Address of office of custody Room 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
(Maile of Juliania, 100m Maile 1, 501000 and 555)
1. Title SPEPIFICATIONS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1899 - FEB. 7 1912.  (Earliest and latest dates, missing dates. Show exact date of breaks).
•
3. Quantity   BOOK (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SPECIFICATIONS (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing rocords NONE MISSING (If record discontinued, give reason and state
SYSTEM DISCONTINUED IN 1912, whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents <u>CONSISTS</u> OF IMPRESSION COPIES OF (Purpose and general nature of record. Principal items of information
SPECIFICATIONS OF WORK OF OLD ELECTRICAL shown. Summary of forms used in making record, their headings, etc. If a very
general or miscellaneous record, detailed information as to type of records
DISCRIPTION OF SAME FIVING FULL DETA contained and dates covered by each should be given. Unless contents of these
AS TO MEASUREMENTS AND MATERIAL records are described by other Forms 12-13HR, such forms should be filled out
and attached)

6.	Contents-continued_
7.	Arrangement CHRONO BY DATE OF SPECIFICATION (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing IMPRESSION COPIES OF TYPED SPECIFICATIONS (Handwritten Printed form. Handwritten printed head. Typed.
	ON BLANK PAPER. Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size BOOK 14"X 12" X 11/2" 250 SPECIFICATIONS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities BIN NO. 9 BY WEST WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDF.
12.	Other information  (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dutes shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Author) (Publisher)
	(Place of publication) (Dato of publication)

# DEICHER-MACK-FAWCETT DEC 13,1939 SERIAL No.292 (Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

BALTIMON	RE CITY	State	MARYL	400.	
lame of agency or off	fice BUREAU C	OF MECHANIC	AL ELEPTR	CAL SERVIC	forent)
ddress of office of	• .	_			
	·				
(Give pr	W/R/NF resent full title	in quotes; ass	signed title, i	f any, in brack	ets.
	had other titles		–	•	
. Dates (Ear	1904 - rliest and latest	1905 dates; missing	dates. Show e	xact date of br	eaks).
• Quantity (1					
. Labeling (Explain			_	*	
. Discontinued and m				e reason and st	
·		(If record dis	scontinued, giv	re reason and sta	ate
whether same in	nformation shown	in another reco	ord. Explain w	my records are	
missing, if pos	ssible)				<del></del>
. Contents (Purpos	STS OF PE	RMITS F	INEN TO	BUREAU O	F MECH
				•	•
ANICAL ELEC shown. Summary	of forms used in	n making record	, their heading	igs, etc. If a	very
RUN OVER	HEAD WI	RES FRO	MAND rmation as to	TO NAME	D POIN
SHOWING To	•				
AND REAS	ON FOR 7 scribed by other	HE WO)	Such forms sho	PNITS	ARE
SIFNED B	•	•			

6.	Contents-continued TO DEPT, HEAD OF BUREAU OF MECH.
	FLEC, SERVICE,
7.	Arrangement CHRONO, BY DATE OF PERINIT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED LETTER HEADS. (Handwritten, Handwritten printed form, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size 2 FILE BOXES 12" X 3" X 10" EACH APPROX. (Of record or container. Height, width, thickness or depth. Average number of
	3000 PFRMITS pages or documents)
	Color Tamber Carrier (February & Carrier Law 18 Assessment)
1.	Location by dates and quantities BIN NO, 17 BY SOUTH WALL IN (Room, vault, wallN.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDG.
2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	Drong Fig. 167 to 30 See See Author Color of the Section Secti
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELCHER-PEYTON OCT. 16, 1939, SERIAL No. 293 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty BAITIMORE CITY State MARYLAND
Name of agency or office BURFAU OF MECHANIFAL FLECTRICAL SERVICE. (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDG. (Name of building, room number, street address)
(SMOVE PHARES)
1. Title SMOKE CHARTS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates MONTH & DAY ONLY (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity   DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
4. Lebeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
missing, if possible)
6. Contents CONSISTS OF SMOKE CHARTS SHOWING THE (Purpose and general nature of record. Principal items of information
6. Contents CONSISTS OF SMOKE CHARTS SHOWING THE  (Purpose and general nature of record. Principal items of information  POUNDS PER SQ. INCH OF SMOKE PRESSURE ENSUME shown. Summary of forms used in making record, their headings, etc. If a very
6. Contents CONSISTS OF SMOKE CHARTS SHOWING THE  (Purpose and general nature of record. Principal items of information  POUNDS PER SQ. INCH OF SMOKE PRESSURE ENSUME shown. Summary of forms used in making record, their headings, etc. If a very  FROM VARIOUS SMOKE STACKS IN PITM general or miscellaneous record, detailed information as to type of records
6. Contents CONSISTS OF SMOKE CHARTS SHOWING THE (Purpose and general nature of record. Principal items of information  POUNDS PER SQ. INCH OF SMOKE PRESSURE ENSUING shown. Summary of forms used in making record, their headings, etc. If a very general or miscellaneous record, detailed information as to type of records  CHARTS ARE MADE BY A SMOKE PRESSURE contained and dates covered by each should be given. Unless contents of these

6.	Contents—continued DETERMINE AMOUNT OF UNNECESSARY
	PRESSURE AND FROUNDS UPON WHICH REQUESTS CAN
	BEMADE UPON VARIOUS FIRMS FOR CHANGES IN
	COMBUSTION PLANT AND ELIMINATION OF EXCESS SMOKE,
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing CHARTS (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size DRAWER 21/2" x 26" x 38" APPROX. 200 PHARTS. (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities // WOOD CARINET CENTER (Room, vault, wallN.E.S.W., section, bin, shelf,
	OF VAULT NEAR ROOM 318 MUNICIPAL BLDF.
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Rumor) (rubitsher)
	(Place of publication) (Date of publication)

DELCHER - PEYTON (Worker's full name) OCT. 20, 1939.

(Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty BALTIMORE CITY	State MARY	LAND
Name of agency or office BUREA (Office of	U OF MECHANICAL ELE custody) (Office which made	ctrical SERVICE e the record, if different)
Address of office of custody	(Name of building, room nu	nber, street address)
1. Title "DELIVE" (Give present full ti-	ERY TICKETS tle in quotes; assigned tit	le, if any, in brackets.
If record has had other tit.	les, list them with dates or	r quantities or both)
2. Dates 1928 — (Earliest and late	1931 est dates; missing dates. S	now exact date of breaks).
3. Quantity 3 BUNDLES (Number of volume	4 /2 TRANSFILE mes; file drawers; file box	CASES, es; bundles; other)
4. Labeling SFF AD (Explain fully; years	DENDA; numbers; letters; number	of records so labeled)
5. Discontinued and missing records	(If record discontinued	, give reason and state
whether same information show	wn in another record. Expl	ain why records are
missing, if possible)		
6. Contents CONS/STS OF DEL	NERY TICKETS OF S	ALVAGED MATERIA
FROM INCINERATORS shown. Summary of forms used	SOID TO VARIOUS	FIRMS SHOWIN
NAME OF PUBCHA general or miscellaneous rece	SER DISCRIPTION a	to type of records
DATE OF DELIVERY contained and dates covered	TICKET NO. QU by each should be given. U	ANTITY AND
SIENATURE OF records are described by other	PARTY RECEIVING or Forms 12-13HR, such forms	S should be filled out
and attached)	,	,
WPA FOR4 12-13HRRevised	(Sec reverse side)	16-6419

6.	Contents—continued
	AND ARTHUR STATE AND ARTHUR ARTHUR AND
7.	Arrangement NUM, BY NUMBER OF TICKET (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW. ON PRINTED TICKET. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	(Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	Typed printed form. Typed printed float. Trinted. The top top to the contest.
	and years covered by each kind of writing)
0.	Size 19 TRANCELLE PASES 41" X 1 " X 19" FACH APPENX 9M
	Size 12 TRANSFILE CASES 4"X 6" X 12" EACH APPROX 900 (Of record or container. Height, width, thickness or depth. Average number of
	TICKETS 4 3 BUNDLES 4"X 6" X 71/2" EACH APPROX
	3500 TICKETS
. 1 .	Location by dates and quantities /SI, BIN FROM EAST WALL 2D ROW (Room, vault, wallN.E.S.W., section, bin, shelf,
	FROM TOP BY SOUTH WALL IN VAULT NEAR
	ROOM 318 MUNICIPAL BLOG.
.2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Waether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

1	TEM 4	BUREAU OF MECHANICAL ELECTRICAL SERVICE
	ADDENDA	ROOM 320 MUNICIPAL BLDE.
1	CASE	DELIVERY TICKETS INCIN, NO. 1-5/1/29-9/21/29-9035-9835
1	//	" " ND.2-6/1/29-10/31/29-7907-8755
1	jı de	MATL, 11 " 11 NO.1 - 9/26/29 - 1/3/30.
	12. 30	NUMBER 9836- FOR 1929 NEW NUMBER 1930-NO.1-329
1	CASF	MATL DELIVERY TICKETS INCIN NO. 1-2/1/30-6/3/30- 330-1150
1	,,	11 11 NO.1-6/5/30-9/8/30 7001-7700
/	11 10	MAT'L, 11 " NO,2-9/2/30-12/31/30 7/89-7910
/	. <u> </u>	" " NO.1-9/8/30-12/31/30 7701-8766
1		11 11 " NO 1 - 1/1/31 - 4/30/31 1 - 695
	,, ,	" " NO2- 11/1/29 - 3/31/30 FOR 1929
		8756-9078 1930 100-499
-	CASE	DFLIVERY TICKETS INCIN NO.2 - 1/1/31-5/3/31 1-702
1	CASE	
-/-		MATERIAL " " " NO.1-5/1/31-7/27/31 696-1300
	<i>JI</i> ±8	" " NO. 2-6/8/31-9/10/31 703-1200
1	BUNDLE	DELIVERY TICKETS #1 INCINERATOR 7072-9038 11/1/24-4/30/29
1	11	11 #2 11 500-81.9 5/1/30-6/3/30
	On Ph	10601-7188 10/3/30-8/30
1	BUNDLE	#2 INPINERATOR TICKETS 7142-7906 12/21/28-5/31/29

# DFICHER-MACK-FAWCETT NOV. 30, 1939 SERIAL No. 295 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Soundy BALTIMORE CITY State MARYLAND	
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SEA (Office of custody) (Office which made the record, if different	RVICE ent)
Address of office of custody ROOM 320 MUNICIPAL BLD.  (Name of building, room number, street address)	户.
1. Title (REPORT OF PAVEMENT OR SIDE WALK OPEN) (Give present full title in quotes; assigned title, if any, in brackets.	NE
If record has had other titles, list them with dates or quantities or both)	
2. Dates 1909 - 1910 (Earliest and latest dates; missing dates. Show exact date of break	
	5)
3. Quantity (Number of volumes; file drawers; file boxes; bundles; other)	
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)	
5. Discontinued and missing records (If record discontinued, give reason and state	
whether same information shown in another record. Explain why records are	
missing, if possible)	
6. Contents CONSISTS OF REPORT SHOWING CASES WHE (Purpose and general nature of record. Principal items of information	8E
PAVEMENT OR SIDEWALKS WERE OPENED TO F shown. Summary of forms used in making record, their headings, etc. If a very	ERMIT
OUTSIDE FIRMS TO PERFORM WORK UNDERFROND general or miscellaneous record, detailed information as to type of records	IND.
RECORD SHOWS DATE NUMBER OF PERMIT contained and dates covered by each should be given. Unless contents of these	
AUTHORITINE OPENINE, NAME AND ADDRESS records are described by other Forms 12-13HR, such forms should be filled out	OF
PLUMBER OR WORKMAN, BOOK NO FOLIONO.	
WPA FOR: 12-13HRRevised (See reverse side) 16-6419	

6.	Contents—continued AND REMARKS, DATE OPENED 4
	CLOSED AND INSPECTORS SIGNATURE.
7.	Arrangement CHRONA BY DATE OF REPORT NUM BY PERMIT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Sclf-contained-describe what it shows. If soparate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW. ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and yoars covered by each kind of writing)
10.	Size / BDL, 7" X 8" X 12" APPROX. 3000 REPORTS. (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities BIN NO. 9 BY SOUTH WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDG,
2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on pricr, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
an '	(Place of publication) (Date of publication)

DELCHER - MACK-FAMORIT TEC. 8, 1939. SERIAL No. 29/2 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU DE MEENANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different
Address of office of custody ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)
1. Title (LABOR AND MAJERIAL CHARGE FOR BURNT DISTRICT) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates. MARCH 1904 - DFC, 31, 1908. (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity & FILE BOXES (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SEE ADDANDA.  (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents <u>CONSISTS OF FLEETRICAL COMMISSION LARGE AND MATERIAL CHARGE</u> (Purpose and general nature of record. Principal items of information
FOR BURNI DISTRICT CAUSED BY BAILWARE FIRE ON FEB 678 AND 714 1904. shown. Summary of forms used in making record, their headings, etc. If a very
SHAWINE ITEMIZED ACCOUNT OF MATERIALS USED, DATES USED, ITEMIZED general or miscellaneous record, detailed information as to type of records
contained and dates covered by each should be given. Total AMOUNT, SUMMA contained and dates covered by each should be given.
OF LABOR AND MATERIALS FOR EACH YEAR, BURNT DISTRICT BUREAU records are described by other Forms 12-135R, such forms should be filled out
WAS FORMED AFTER THE FIRE AND ALL LARGE AND MATERIAL USED WAS
WPA FORM 12-13FRRevised (See reverse side) 16-6419

(Author) (Publisher)  (Place of publication) (Date of publication)
(For use in Florida.) Early imprints
to have been kept earlier than dates shown in item 2)
Information on prior, subsequent, or similar records. Whether record is known
Other information (Condition of record if not good. Relation to other records.
ROOM NEAR ROOM 102 CITY HALL BLOE.  cabinet, on floor)
Location by dates and quantities RIN NO. 24 BY SOUTH WALL IN VAULT (Room, vault, wall-N.E.S.W., section, bin, shelf,
pages or documents)
Size S FILE CASES 12"X3"X 12 FACH, APPROX 12000 RETO. (Of record or container. Height, width, thickness or depth. Average number of
and years covered by each kind of writing)
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
Writing Handwritten DEPARTMENTAL DATA SHEETS. (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
and place cross reference here to that form by title and identification number)
Indexing (Self-contained-describe wint it shows. If separate, fill out a form for it,
Arrangement PHRAMA BY DATE OF REMAIN (Chronologically-by what? Numerically-by what? Alphabetically-by what?)

## BUREAU OF MECHANICAL FLECTRICAL SERVICE

BOOM#340 MUNICIPAL Bldo AddENDA ITEM 4 FILE BOX 1904 BURNT DISTRICT NO! 1904 11 1905 11 11 No.3. 1905 11 NO4. 1905 " 1906 11 1907 " 1908

DEICHER - PEYTON DET. 3 1999. (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU DE MECHANICAL ELECTRICAL SERVICE.  (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BIDG.  (Name of building, room number, street address)
1. Title PERMITS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /935 - /937 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity   BUNDLE (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling PERMITS HIGHWAY - LIGHTING PERMITS. (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF PERMITS ISSUED BY BUREAU OF HIGHWAYS TO LIGHTING (Furpose and general nature of record. Principal items of information
DIVISION OF BUREAU OF MECHANICAL FLECTRICAL SERVICE TO OPEN SIDE WAL shown. Summary of forms used in making record, their headings, etc. If a very
FOR THE PURPOSE OF REMAYAL OF REPLACEMENT OF LAND 2057S AND general or miscellaneous record, detailed information as to type of records
contained and dates covered by each should be given. Unless contents of those
LOCATION DISCRIPTION OF WORK NUMBER OF PERMIT AND records are described by other Forms 12-18HR, such forms should be filled out
SIENATURE OF DERT, HEAD ISSUING PERMIT,
WPA FORM 12-13HRBeyised (See reverse side) 16-6419

6.	Contents—continued
7.	Arrangement CHRONO, BY DATE OF FRMIT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Sclf-contained-describe what it shows. If separate, fill out a form for it,
0	and place cross reference here to that form by title and identification number)
9.	Writing TYPED & Hour ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / Bdb. 2/2" X 10" X 12" APPROX. 600 PERMITS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities 3 DROW, FROM TOP 4 TH BIN FROM (Room, vault, wallN.E.S.W., section, bin, shelf,
	WEST WALL BY NORTH WALL IN VAULT NEAR ROOM 318 cabinet, on floor)
	MUNICIPAL BLDE.
12.	Other information
	(Condition of records at not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
L3.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DEICHER - PEYTON OCT. 3, 1939 SERIAL No. 298. (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office AUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE. (Name of building, room number, street address)
1. Title
If record has had other titles, list them with dates or quantities or both)
2. Dates JAN. /3 /93/2 - OPT 21 /937
2. Dates JAN, /3 /93/2 — OCT, 31 /937 (Farliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / BIINDI. F
3. Quantity / BUND 1 F. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling METER NOTICES 1931 - 1937. (Explain fully; years; numbers; lotters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents PONSISTS OF METER NOTICES SHOWING THE (Purpose and general nature of record. Principal items of information
OLD READINE AND NUMBER OF REPLACED METERS shown. Summary of forms used in making record, their headings, etc. If a very
NEW READING AND NUMBER OF NEWLY INSTALLED general or miscellaneous record, detailed information as to type of records
METERS AT TIME OF INSTALLATION FIVING DATE contained and dates covered by each should be given. Unless contents of these
OF INSTALLATION, AND SHOWING WE THER FAS records are described by other Forms 12-13mR, such forms should be filled out
OR ELFCTRIC METER.
שווי בין יינוסים אפוניים אינויים אינוי

Contents-continued_
Arrangement CHRONO, BY DATE OF NOTICE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing (Self-contained-describe what it shows. If separate, fill out a form for it
and place cross reference here to that form by title and identification number)  Writing TYPED 4 HAW, ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)  Size / BDL, 2"X /0"X/2" APPROX 900 NOT/CES.  (Of record or container. Height, width, thickness or depth. Average number of
pages or documents)
Iocation by dates and quantities 3D Row FROM TOP 4TH BIN FROM (Room, vault, wall-N.E.S.W., section, bin, sholf,
WFST WALL BY NORTH WALL IN VAULT NEAR ROOM cabinet, on floor)
318 MUNICIPAL BLDE,
Other information (Condition of record if not good. Halation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

## DELCHER-MACK-KILROY NOV. 9, 1939. SERIAL No. 299 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MINICIPAL BIDG. (Name of building, room number, street address)
1. Title  ROBDING MEASUREMENTS NOT REPORTED - SKETCHES FOR DRAFTING ROOM  (Give present full title in quotes; assigned title, if any, in brackets.  POLE TRANSFER NOTICES?  If record has had other titles, list them with dates or quantities or both)
2. Dates 1939 (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling RODDING MEASUREMENTS NOT REPORTED-SKETCHES FOR DRAFTIME ROOM (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF NOTICE OF TRANSFER OF POLES FROM C. 4 P. (Purpose and general nature of record. Principal items of information
TELEPHONE CO. TO CONS. FAS FLEC. LT. + POWER CO. THESE NOTICES shown. Summary of forms used in making record, their headings, etc. If a very
ARE SENT TO BUREAU OF MECH FIEC. CO. BY C. + P. TEL. CO. AND general or miscellaneous record, detailed information as to type of records
COVER CASES WHERE POLE TRANSFER HAS BEEN MADE, contained and dates covered by each should be given. Unless contents of these
NOTICE SHOWS ORIGINAL POLE APPLICATION NO. LOCATION records are described by other Forms 12-13HR, such forms should be filled out
OF POLE DISCRIPTION AS TO TRANSFER SIGNED BY PLANT and attached)
WPA FOR 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued SUPT. AND STAMPED APPROVED BY SUPERVISOR
	OF COLLECTIONS
7.	Arrangement CHRONO, BY TATE OF NOTICE, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing //ONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
0	
9.	Writing TYPED ON PRINTED LETTER HEADS. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size   DRAWER   11/2" X 16" X 28" APPROX 250 NOTICE (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities // MFTAL CABINET CENTER OF (Room, vault, wall-N.E.S.W., section, bin, sholf,
	ROOM 322 MUNICIPAL BLDE.
	a - el-stoye see allight if the electron of the work market but he end at the
.2.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints
-03	(Author) (Publisher)
	(Place of publication) (Date of publication)

DEICHER-PEYTON-MACK NOV. 3, 1939. SERIAL No. 300 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty B	ALTIMORE CITY	State MAR	YLAND
Name of a	ngency or office BUREA (Office of	AU OF MECHANICAL ELL of custody) (Office which made	ECTRICAL SERVICE the record, if different)
Address o	of office of custody	ROOM 322 MU. (Name of building, room num	WICIPAL BIDE.
l. Title_	(Give present full	title in quotes; assigned title	le, if any, in brackets.
If	1 4-71	FRS? Itles, list them with dates or	
2. Dates_	/925- /9 (Earliest and la	28 atest dates; missing dates. Si	now exact date of breaks)
3. Quanti	ty / F//F Z	OX lumes; file drawers; file boxe	es; bundles; other)
4. Lebeli		rs; numbers; letters; number o	
5. Discon	ntinued and missing recor	cds // /F	give reason and state
whe	ther same information sh	nown in another record. Expla	ain why records are
mis	ssing, if possible)		
6. Conten	nts CONSISTS OF LET (Purpose and general	TERS FROM C. & P. T.	FIFPHONE CO. TO
BURI	EAU OF MECHAN wm. Summary of forms us	sed in making record, their he	SFRVICE SIVING
NOT/	PF THAT PERTA	cord, detailed information as	EFN ABANDONED
OR F	HAVE BEEN TRAN	VSFFRRED TO THE by each should be given. Un	CONS. FAS FLEC.LT,
4 PO	WER CO. 5-1V/1	NF ORIFINAL POL ther Forms 12-13HR, such forms	E APPLICATION NO. should be filled out
Locand	ATION OF POL.	EY DETAILS AS TO	ABANDON MENT
WPA FORM	12-13HRRevised	(See roverse sido)	16-6419

6.	Contents—continued OR TRANSFER,
	LETTERS ARE SIGNED BY PLANT SUPT AND STAMPED
	"APPROVED" BY SUPERVISOR OF COLLECTIONS.
7.	Arrangement CHRONO, BY DATE OF LETTER, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Sclf-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED ON PRINTED LETTER HEADS.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / F/LF BOX //%" X 3"X /2" APPROX, 2000 / ETTER (Of record or container. Hoight, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities BOTTOM ROW, 4TH, BIN FROM (Room, vault, wallN.E.S.W., section, bin, shelf,
	EAST WALL BY SOUTH WALL IN VAULT NEAR
	ROOM 318 MUNICIPAL BLDE.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Country BALTIMORE CITY State MARYLAND
Name of agency or office RURFAU OF MECHANICAL FIFCTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLOF. (Name of building, room number, street address)
1. Title POLE ABANDONMENT OR REMOVAL NOTICES (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1919-1921 (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / F/LE BOX. (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF NOTICES FROM VARIOUS PUBLIC (Purpose and general nature of record. Principal items of information
UTILITIES COMPANIES TO COLLECTOR OF WATER shown. Summary of forms used in making record, their headings, etc. If a very
RENTS AND LICENSES SHOWING CASES WHERE general or miscellaneous record, detailed information as to type of records
POLES HAVE BEEN REMOVED OR ABANDONEL contained and dates covered by each should be given. Unless contents of these
TIVING LOCATION OF POLE AND DATE OF records are described by other Forms 12-13HR, such forms should be filled out
REMOVAL OR ABANDONMENT. COLLECTOR OF
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued WATER RENTS & LICENSES SEND
	THESE NOTICES TO ELECTRICAL COMMISSION
	FOR THEIR FILES.
7.	Arrangement CHRONO, BY DATE OF NOTICE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED LETTER HEAD.  (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
LŐ.	Size /-F//F BOX /2"X3" X /2" A PPROX 300 (Of record or container. Height, width, thickness or depth. Average number of
	NOTICES. pagos or documents)
1.	Location by dates and quantitios BIN NO. 17 BY SOUTH WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	IN VAULT NEAR ROOM 102 CITY HALL BLDG, cabinet, on floor)
2.	Other information NOTICES ARE NOW SENT TO BUREAU (Condition of record if not good. Relation to other records.
(	OF FLECTRICAL SERVICE BY VARIOUS FIRMS.  Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Autor)
	(Place of publication) (Date of publication)

U. S. GOVERNMENT PRINTING OFFICE o 16--6419

DELCHER-PEYTON OCT 18, 1939 SERIAL No. 302 (Worker's full name) (Date) (Form identification number)

WOFKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty BALTIMORE CITY State MARYHAND
Name of agency or office BURFAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDG. (Name of building, room number, street address)
1. Title REQUISITION RECORD (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates AN, 1922 - NOV, 1923 (Farliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity / LOOSE LEAF BINDER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  //O/F  (If record discontinued, give reason and state
RECORD DISCONTINUED IN 1923, whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONS/STS OF RECORD OF REQUISITIONS (Purpose and general nature of record. Principal items of information
MADE BY OLD FIECTRICAL COMMISSION, shown. Summary of forms used in making record, their headings, etc. If a very
SHOWING DATE REQUISITION NUMBER WORK
ORDER NUMBER DISCRIPTION AND AMOUNT contained and dates covered by each should be given. Unless contents of those
OF MATERIAL NAME OF VENDOR COST records are described by other Forms 12-13HR, such forms should be filled out
AND REMARKS.

6.	Contents continued
7.	Arrangement CHROND, BY DATE OF REQUISITION NUM. BY REQ. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing HDW, OF PRINTED FORM  (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
ıõ.	Size 1-Loose LEA BINGER 10"X 12" X 3/4" Total 56 Sheets (Of record or container. Height, width, thickness or depth. Average number of
	pagos or documents)
11.	Location by dates and quantities TOP ROW IST BIN FROM E. WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	BY SOUTH WALL IN VAULT NEAR ROOM 318 cabinet, on floor)
	MUNICIPAL BLDG.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whother record is known
	to have been kept earlier than dates shown in item 2)
L3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(mino or becaronous)

U. S. GOVERNMENT PRINTING OFFICE o 16--6419

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounts BALTIMORE CITY, State MARYLAND
Name of agency or office BURFAU OF MECHANICAL FIECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates //OV, 2 1898 - JUNE 3 1914 (Earliest and latest dates; missing dates! Show exact date of breaks)
3. Quantity /6 BOOKS + 3 F/1 F BOARDS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible Copies OF
6. Contents CONSISTS OF OLD FIFETRICAL COMMISSION RFO- (Purpose and general nature of record. Principal items of information
UISITIONS ON VARIOUS FIRMS FOR MATERIAL FOR shown. Summary of forms used in making record, their headings, etc. If a very
CONSTRUCTION WORK SHOWING DATE OF REQUISITION general or miscellancous record, detailed information as to type of records
NAME OF VENDOR REQUISITION NO. AMOUNT AND contained and dates covered by each should be given. Unlose contents of these
DISCRIPTION OF MATERIAL SHIPPING INSTRUCTIONS records are described by other Forms 12-13HP such forms should be filled out
APPROVAL SIGNATURE, ORDERED BY, NOTATION
WPA FORM 12-13HRRevised (Sec reverse side) 16-6419

6.	Contents continued AS TO DATE DELIVERY MADE AND SIGNATURE OF
	PARTY RECEIVING MATE.
7.	Arrangement NUM. BY REQUISITION NO. CHRONO BY DATE OF REQ. (Chronologically-by what? Numerically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED FORM. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size 3. FILE BOARDS 14" X9" X 31/2" EACH APPROX, 2000 BEQUISITION COPP. (Of record or container. Height, width, thickness or depth. Average number of
	16 BOOKS 14"X10"X2" EACH 15369 REQUISITION COPIES, pages or documents)
1.	Location by dates and quantities /N BINS 7 4 9 BY SOUTH WALL IN VAULT (Room, vault, wall-N.E.S.W., section, bin, shelf,
	NEAR ROOM 102 CITY HALL BLDG.
2.	Other information  (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 INUNICIPAL BLDG. (Name of building, room number, street address)
1. Title "/FTTFRS 1937"
(Give present/full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /935 (Earliest and latest dates; missing dates. Show exact date of breaks)
3. Quantity   FILE DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling LFTIERS 1937 (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
(If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF COPIES OF REQUISITIONS MADE BY (Purpose and general nature of record. Principal items of information
BUREAU OF MECHANICAL ELECTRICAL SERVICE ON shown. Summary of forms used in making record, their headings, etc. If a very
PURCASING DEPT, OF CITY FOR OFFICE AND OTHER general or miscollaneous record, detailed information as to type of records
SUPPLIES SHOWING NAME OF DEPT, DATE, DIVISION, contained and dates covered by each should be given. Unless contents of these
REO NO. COMPTROLLERS SYMBOL QUANTITY DISCRIPTION records are described by other Forms 12-13HR, such forms should be filled out
OFMATL SHIPPING INSTRUCTIONS, DELIVERY POINT, and attached)
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Contents—continued DATE OF DELIVERY AND NAMES OF PARTIES
	MAKING Y APPROVING REQUISITION.
7.	Arrangement CHRONO, BY DATE OF REQUISITION. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED ON PRINTED FORM (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
0.	Size   FILF DRAWER   0" X 15" X 27" APPROX 500 REQ. COPI (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities /N WOOD CABINET BY SOUTH WALL (Room, vault, wallN.E.S.W., section, bin, sholf,
	IN ROOM 320 MUNICIPAL BLDF.
	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
160	(tate of publication)

U. S. GOVERNMENT PRINTING OFFICE o 16--6419

DEICHER-PEYTON OCT. 11, 1939. SERIAL No. 305 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

COUNTY BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title (REQUISITIONS)  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1928 - 1929 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
(Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REQUISITIONS MADE BY BUREAU (Purpose and general nature of record. Principal items of information
OF STORES ON CITY PURCHASING AFENT FOR shown. Summary of forms used in making record, their headings, etc. If a very
MATERIAL TO BE USED BY BUREAU OF MECH, general or miscellaneous record, detailed information as to type of records
FIFCTRICAL SERVICE SAME TO BE HELD BY THE contained and dates covered by each should be given. Unless contents of these
BUREAU OF STARES AND ISSUED TO BUREAUO, records are described by other Forms 12-13HR, such forms should be filled out
MECH ELEC, SERVICE ON THEIR REQUISITION.

6.	Contents-continued REQ, SHOWS DATE, REQ, NO. VENDOR, DISCRIPTION
	OF MATH. AUTHORIZED BY, APPROVED BY, DATE DELIVER
	DELIVERED TO, CHECKED BY AND SIGNATURE OF
	CHIEF ENGR. OF BUREAU OF MECH, ELEC, SERVICE,
7.	Arrangement CHRONO, BY DATE OF REQUISITION (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Solf-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference hero to that form by title and identification number)
9.	Writing HDW, 4 TYPED ON PRINTED FORMS.  (Handwritten. Hundwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size   DRAWER 2" X 103" X 14" APPROX 6000 (Of record or container. Height, width, thickness or depth. Average number of
	REQUISITIONS.
	pages or documents)
11.	Location by dates and quantities BOTTOM DRAWER IN WOOD CABINET (Room, vault, wall-N.E.S.W., section, bin, shelf,
	BY EAST WALL IN VAULT NEAR ROOM 318 MUNICIPAL Cabinet, on floor)
	BLDF.
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 310 MUNICIPAL BLDE.  (Name of building, room number, street address)
//
1. Title /NCINERATOR DIVISION REQUISITIONS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /930
(Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / F/LE BOX (Number of volumes; file drawers; file boxes; bundles; other)
(Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling /NCINERATOR DIV. REQUISITIONS ///30 -/2/31/30. (Explain fully; years; numbers; letters; number of records so tabeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REQUISITION MADE BY INCINERATOR (Purpose and general nature of record. Principal items of information
DIVISION OF MECHANICAL ELEC. SERVICE BUREAU FOR shown. Summary of forms used in making record, their headings, etc. If a very
MATERIAL TO BE USED FOR MAINTENANCE AND REPAIRS, general or miscellaneous record, detailed information as to type of records
SHOWING DATE OF REQ. NO. ACCT. NO. DEPT. NO. DISCRIPTION Contained and dates covered by each should be given. Valess contents of these
OF MATL, PRICE NAME OF VENDOR, REMARKS, AND records are described by other Forms 12-13HR, such forms should be 12 led out
SIGNATURE OF OFFICIAL MAKING REQUISITION.
WPA FOR 12-13 PR-Revised (See revenue side)

6.	Contents—continued
7.	Arrangement CHRONO, BY DATE OF REQUISITION NUM. BY REQ. NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size   FILE BOX 12"X 4"X 10" APPROX. 250 REQUISITIONS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities BOTTOM ROW 2 D. BIN FROM EAST (Room, vault, wallN.E.S.W., section, bin, shelf,
	WALL BY SOUTH WALL IN VAULT NEAR ROOM 318
	MUNICIPAL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept cardier than dates shown in item 2)
L3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

N. T. S. C. S. C.

DELPHER-MAPK-DILWORTH, JAN, 12, 1940, SERIALNO. 307 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CIT	State MA	RYLAND.
Name of agency or office BUREA	VOFMECHANICAL FILE f custody) (Office which make	CIRIPAL SERVICE le the record, if different)
Address of office of custody	ROOM 320 MUN (Name of building, room no	umber, street address)
1. Title (CONDUIT (Give present full t	ROUTE TRACING	tle, if any, in brackets.
If record has had other ti	tles, list them with dates	or quantities or both)
2. Dates 1904 -	1907	Show exact date of breaks).
3. Quantity 2 ROLLS (Number of vol.		
4. Labeling SF E (Explain fully; year	ADDFNDA s; númbers; letters; number	of records so labeled)
5. Discontinued and missing recor	ds ///E	d. give reason and state
whether same information sh		
missing, if possible)		
6. Contents ONSISTS OF TRAC (Purpose and genera	INGS SHAWING ROUTS	oal items of information
SHOWING LOCATIONS I	BY STREETS, ELECTRICA ed in making record, their h	L CONNECTIONS BOX neadings, etc. If a very
DIMFNSIONS MANA general or miscellaneous re	HOLF ENTRANCES cord, detailed information	AND LOCATIONS, LAYOUT
EOR WIRING SERV contained and dates covered	by each should be given.	TO HOUSES CUBB
To STREET MEASU records are described by other	REMENTS AND ner Forms 12-13AR, such form	SCALE AND s should be filled out
COMPASS POINT and attached)	DIRECTIONS.	
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

0	Contents—continued
	Arrangement ALPHA, BY STRFET LOCATIONS. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-contained-describe what it shows. If soparate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
	Writing TRACINES.  (Handwritten, Handwritten printed form, Handwritten printed hoad. Typod.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	Size   ROLL  "X30"-   TRACING   ROLL"2" X 12"-   TRACING (Of record or container. Height, width, thickness or depth. Average number of
	4 BUNDLES 5"X 9"X 7" EACH APPROX. 400 TRACINES pages or documents)
	Location by dates and quantities / ROLL NO DATE 4   ROLL 1906   N BIN (Room, vault, wall-N.E.S.W., section, bin, sholf,
40.00	23 4 4 BUNDLES 1904-1907 IN DRAWER NO4 BY cabinet, on floor)
-	SOUTH WALL IN VAULT NEAR ROOM 102 CITY HALL B
	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	(For use in Florida.) Early imprints (Author) (Publisher)
	(Author) (Publisher)
	(Place of publication) (Date of publication)

42.

#307

BUREAU OF MECHANICA	1 Electrical SERVICE

BUREAU OF MECHANICAL E/ECTRICAL SERVICE					
	ITEM 4.				
Ad	DENDA	Boom#300 MUNICIPAL Blos			
1	BUNDLE	WHITE SHEETS 1904.			
1	/)	11 1905.			
1		1 1906.			
1	n l	1907.			
2	ROLLS	NOT LABELED			
71					
	1972 VIII 1915				

DELCHER-MACK-DILWORTH, JAN, 15, 1940, SERIALNO, 308 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CIT	Y State MAR	YLAND
Name of agency or office BURE (Office		
Address of office of custody	ROOM 320 MUN (Name of building, room num	nber, street address)
1. Title (Give present full	NFS)	la if any in brackets
	itles, list them with dates or	
2. Dates /895 /896; (Farliest and 1	1915-1916. atest dates; missing dates. S	now exact date of breaks).
3. Quantity / Number of vo	OLLS. lumes; file drawers; file boxe	es; bundles; other)
4. Labeling SFF (Explain fully; year		
5. Discontinued and missing reco		
whether same information s	hown in another record. Expla	in why records are
missing, if possible)		
6. Contents (Purpose and gener	al nature of record. Principe	1 items of information
shown. Summary of forms u	sed in making record, their he	eadings, etc. If a very
goneral or miscollaneous r	ecord, dotailed information as	to type of records
contained and dates eovore	d by each should be given. Un	nless contents of these
records are described by o	ther Forms 12-13HR, such forms	should be filled out
and attached)		
WPA FORM 12-13HRRevised	(Seo reverse sido)	16-6419

6.	Contents—continued
7.	Arrangement NUM. BY TRACING NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing //ONF .  (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TRACINES (Handwritten Printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 2 ROLIS 12"X 14 FACH 2 TRACINES, IROLL 3"X 20" 29 TRACINES, 2 ROLLS 2"X 2 4" EACH 5 TRACINES (Of rocord or container. Height, width, thickness or depth. Average number of
75	2Rolls2"x30"FACH 2TRACINGS. IROLL 4"X14"-82 TRACINES. IROLL 3"x36"-5TRACINES IROLL pages or documents)
	3"X60"-6TRACINGS, 2ROLLS 3"X25" FACH-100TRACINES.
11.	Location by dates and quantities IN BIN NO. 23 BY WEST WALL IN YAULT (Room, vault, wall-N.E.S.W., section, bin, sholf,
	NFAR ROOM 102 CITY HALL BLDF.
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

NO 2 ITEM. 6 BUREAU OF MECHANICAL ELECTRICAL SERVICE

ADDENDA ROOM 320 MUNICIPAL BLDG.

CONTENTS CONSISTS OF TRACINES SHOWING DESIGNS AND MEASURE—
MENTS OF VARIOUS TYPES OF LAMP POSTS, FLECTRICAL EQUIPMENT
IN SUBWAYS SUCH AS MANHOLE INLETS, JUNCTION BOXES, CABLE RACKS
AND HOOKS, DISTRIBUTING BOXES, TELEPHONE CIRCUITS, SERVICE
BOXES, POLICE ALARM CIRCUITS, CONCRETE BOXES, CABLE ROUTES
FIVING FULL DETAILS AS TO MEASUREMENTS.

STREET LAYOUT & LOTS EIVING STREET NAME, NUMBER OF LOT AND NAME OF LOT OWNER.

DRAIN TRACINES SHOWINE LOCATION AND ROUTE OF DRAIN
NO.5 FIVING SIZE OF PIPES, CONNECTIONS, STREET NAME AND
DETAILS AS TO MEASUREMENTS.

CONDUIT SPACE OCCUPIED & VACATED SHOWING NAME OF LESSEE, CLASS

OF CABLE, LOCATION AND WHETHER MAIN OR DISTRIBUTING CONDUITS.

POLICE, FIRE ALARM & TELEFRAPH BOX LOCATIONS SHOWING CIRCUIT

NUMBERS, & LOCATION BY STREETS

TRACING SHOWING DETAILED MEASUREMENTS OF CROSS HEAD FOR HARRISON STANDARD ENGINE.

TAS LIFHTING TABLE TRACINGS SHOWING NUMBER OF FAS LIGHTS OF VARIOUS

TYPES, NO. OF GAS COMPAINIES UNDER CONTRACT TO LIGHT STREETS, NUMBER

OF HOURS LIGHTS BURN ANNUALLY, METHOD OF LIGHTING LAMPS, BASIS OF

CHARGE TO CITY, REBATE FOR LIGHTS NOT BURNING, CHARGE FOR CON
NECTIONS AND REMARKS.

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DEICHER-MACK-DILWORTH JAN, 17, 1940 SERIAL Na. 309
(Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIA	TORE CITY	State	MARYL	AND	
Name of agency or	office BUREAU (Office of c	OF MECHAN Dustody) (Office	Which made the	RICAL SERV record, if diffe	rent)
Address of office	of custody (	ROOM 32 Name of building	o MUNIC,	street address)	<u></u>
l. Title (Giv	TRAC	/NFS) le in quotes; as	signed title, is	f any, in bracket	S.
If record	has had other title				100
2. Dates / 9	(Earliest and lates	st dates; missin	g dates. Show ex	xact date of brea	ks).
	(Number of volume				
	SFF plain fully; years;				
5. Discontinued a	and missing records	NO	NE		
		(If record di	scontinued, give	reason and stat	е
whether sam	e information shown	i in another rec	ord. Explain w	ny records are	
missing, if	possible)				
6. Contents (Pr	SISTS OFTRAC	CINES SHOW	ING PLANS	4-SPECIFICA	TIONS
JA DETAIL shown. Sun	AND MEASU mary of forms used	IREMENTS in making record	OF FIFCTI	gs, etc. If a ve	DUIT O
ROUTES 9	HOUSE TO HOL miscellaneous recor	USE CONN rd, detailed info	ECTIONS ormation as to	MANHOLE type of records	LOCAT
SHOWING a	STRFFTS TR	onch should be	IJEHT F given. Unless	contents of thes	<u>NECI</u> I
SERVICE 9	- DISTRIBU	11NF BO Forms 12-13HR,	XES AND such forms show	THEIR CO.	NNECT
	INFCTIONS				

6.	Contents—continued POLE AND ARC LIETT CONNECTIONS, MANHOLE
	SERVICE CONNECTIONS, LOCATION OF PROPOSED WORK
	HOWING LOCATION BY STREETS, TYPE OF WORK & DETAILED
1	MEASUREMENTS OF SAME.
7	Arrangement NUM, BY TRACINE NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9. 1	and place cross reference here to that form by title and identification number)  Writing TRACINES (Handwritten Printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Givo months
	and years covered by each kind of writing)
0.	Size 4 DRAWERS 212"X 20"X 40"-1/6 TRACINES 2 DRAWERS 11/2"X 13"X 24" APPROX (Of record or container. Height, width, thickness or depth. Average number of
	6000 TRACINES. & DRAWERS 31/2" X 28" X 45" APPROX 7000 TRACINES.  pages or documents)
	DRAWER 6"X 60"X22" 200 TRACINGS
1.	Location by dates and quantities / WOOD CABINETS BY SOUTH WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
-	onbinet, on floor)
.2. (	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

## BUREAU OF MECHANICAL ELECTRICAL SERVICE

		ROOM 320 MUNICIPAL BLDE.
1	DRAWER	E, 20 TRACINGS E, 20-1 TO E 20 BLANKS
1	11	E. 10 TRACINES E, 10 TRACINES E, 10-9 TO E 10 BLANKS
1	na sa	E, SO TRACINES - E, SPECIAL - CHART FORMS ETC.
_/		DLS. 500. TO 599 - ME, 60" TRACINES
	11 (41) 00	DLS, 200-299-ME, 40" 15028
	//	DLS. 300-399-MF, 40" 150-14556
1	/1	100-199 ME, 123-19649
1	Manager St.	DLS, 17099 ME, 30-19970
7		NOT LABELED

-[-AT] BELLEVILLE NAME SHOW THE TOTAL THE COLUMN TO

"trong hourstone out" will not be and chilled Townson out.

not been delegated to inserve the best building on all little

## DEICHER-MACK-DILWORTH, JAN. 2,1940. SERIAL No. 310 (Worker's full name). (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Country BALTIMORE	CITY.	State MAR	YLAND	
Name of agency or offi	ce BUREAU (	OFMECHANICAL Estody) (Office which made	JETRIPAL SERVE	Ecrent)
Address of office of c		ROOM 320 M ame of building, room no		_
l. Title (Give pre	TRACING sent full title	in quotes; assigned tit	le, if any, in bracke	ts.
:	•	list them with dates of		
_		dates; missing dates. S		
3. Quantity 2 R	mber of volumes;	FNVELOPE - file drawers; file box	xes; bundles; other)	ES.
4. Labeling (Explain	SEE fully; years; m	ADDENDA unders; letters; number	of records so labeled	<del>,                                    </del>
5. Discontinued and mi	and the Atlanta	(If record discontinued		te
• ·		n another record. Expl	ain why records arc	
missing, if poss 6. Contents (Purpose	•	JES SHOWING ARI	RANGEMENTS Coal items of information	OF WIRES,
		OLICE FIRE A	•	
SOXES AT N general or misco	AMED P. Ilancous record,	detailed information of	is to type of records	PEFI
LOCATIONS contained and da	tes covered by c	DISCRIPTION Cach should be given.	AND MEAS	<u>UREMENT.</u>
OF CABLE records are desc	TYPE OF ribed by other F	WIRE AND orms 12-13HR, such form	CIRCUIT //	VDEX.
TRACINES SH and attached)	OWING 7	ERRE COTTA	BOX DUCT LOC	ATIONS

6.	Contents—continued BY STREETS SHOWINE STREET SURFACE AND	
	MEASUREMENTS. (SEE COPPATIO)	
	TRACINES SHOWING LOCATION OF ELECTRICAL CONDUITS & MANHOLES	
	TO BE CONSTRUCTED IN CITY, CONTINUED ADDENDA NO. 2	
7.	Arrangement NUM, BY TRACINE NO. CHRONO, BY DATE OF TRACINE, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)	
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,	
	and place cross reference here to that form by title and identification number)	
9.	Writing (Handwritten, Handwritten printed form, Handwritten printed head, Typed.	
- 7	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months	
	and years covered by each kind of writing)	
10.	Size/BDL./%/8"X24"-/50 TRACINGS 1801./%/14"X30-200 TRACINGS 2 BDL 1"X 9"X12"-400 TRACING (Of record or container. Height, width, thickness or depth. Average number of	3
	/BDL 1"X9"XII"-70TEACINES, 2BDLS 2"X 25"X 9"-1012TEACINES, IBDL 1"X 24"X28" 150 TEACINES. IBDL pages or documents)	
	1"X 13" X17" 117 TRACINES 1BDL ,2"X9" X 14" 200 TRACINGS . 2 ROLLS 2" X 12"- 74 TRACINGS IENVELOPE 1/2" X 14" X 19"-8 TRACINGS	_
11.	Location by dates and quantities METAL CABINET NO. 4 BY WEST WALL (Room, vault, wallN.E.S.W., section, bin, sholf,	5.
	IN VAULT NEAR ROOM 102 CITY HALL BLDF.	
12.	Other information (Condition of record if not good. Relation to other records.	
	Information on prior, subsequent, or similar records. Whether record is known	
	to have been kept carlior than dates shown in item 2)	
13.	(For use in Florida.) Early imprints (Author) (Publisher)	
	(Place of publication) (Date of publication)	

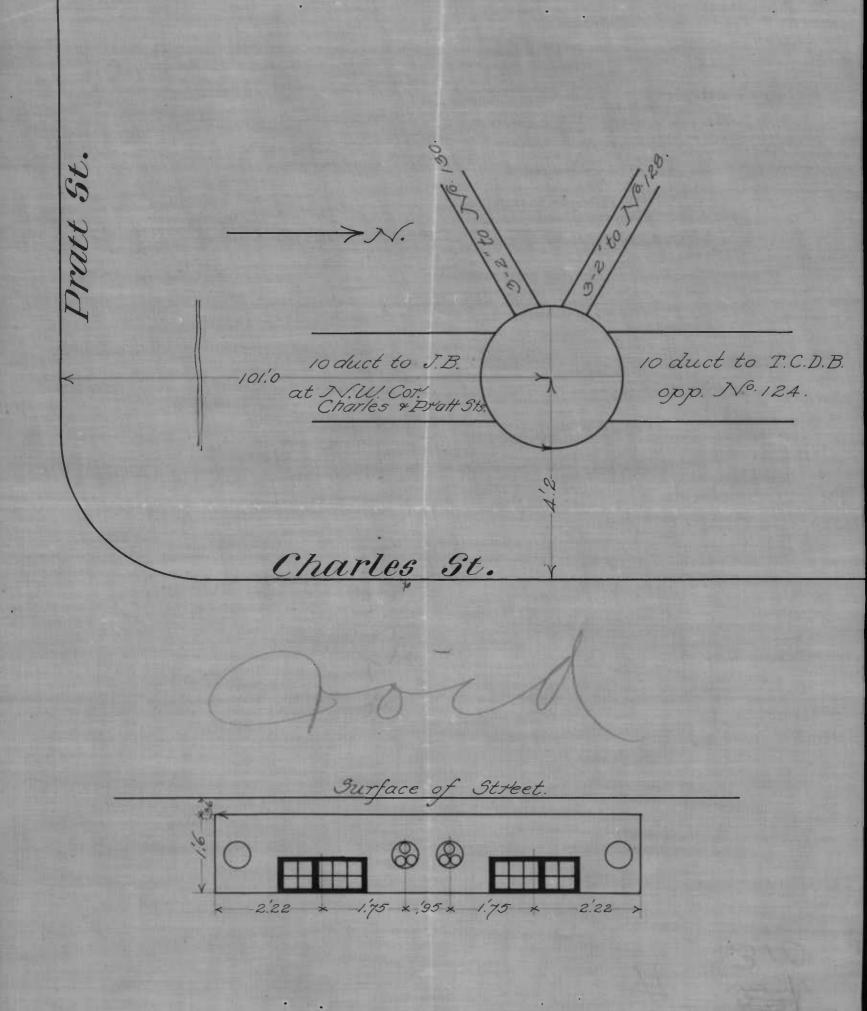
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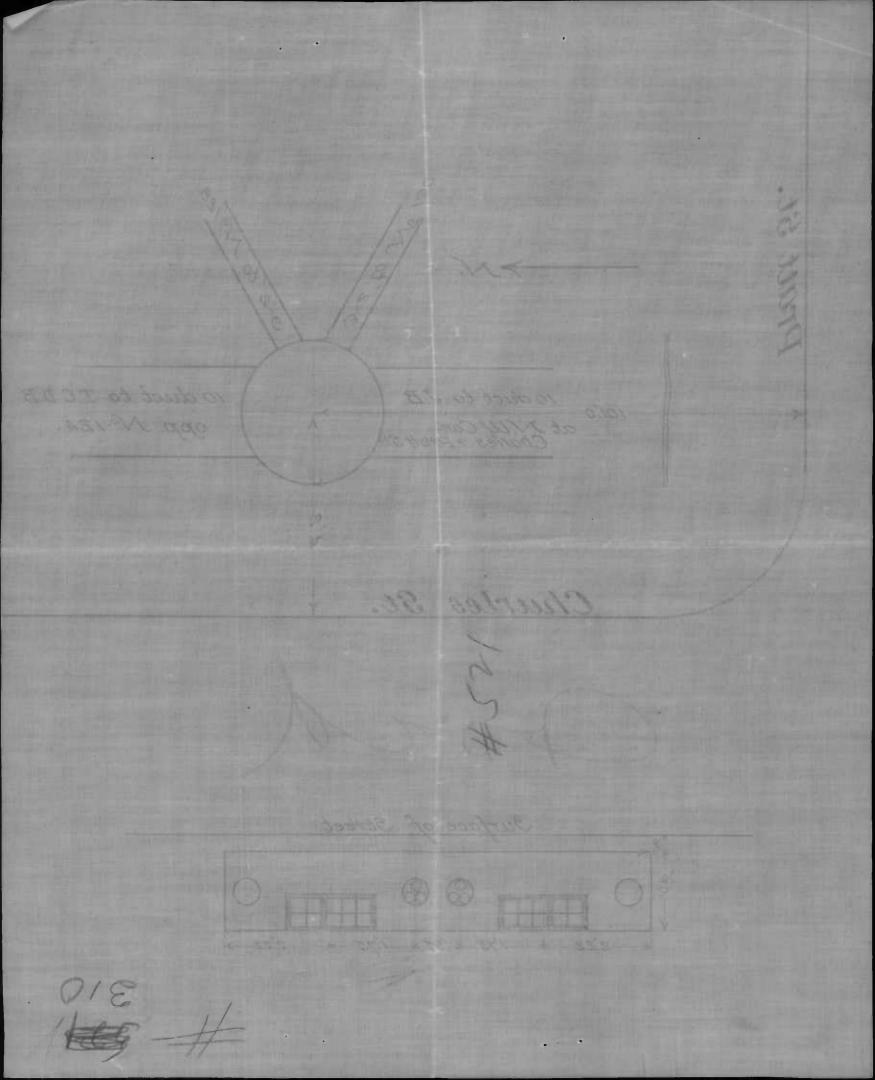
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And in the case of the same of the same

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DELCHER-MACK-D	DILWORTH	_3.10
NO2, ITEM 6 BUREA	AU OF MECHANICAL E	LECTRICAL SERVICE
ADDENDA.	ROOM 320 MU	and the second of the second o
		ASUREMENTS, TEMIZED
•		POSITIONS OF LUNCTION
AND DISTRIBUTING	$\Gamma$	
TRACINES SHOWING	F PROPOSED CHANG	ES IN CONDUIT & MAN-
HOLES AT VARIOU	IS LOCATIONS FIVE	NE DETAILED MEASURE-
MENTS AND SPE	CIFICATIONS, PROPO	SED REARRANGEMENT
OF CONDUITS ACK	ROSS AND THROUGH	VARIOUS SEWERS
	S & MEASUREMENT	
TRACINES SHOWING	E SPECIFICATIONS FOR	RIRONS & RODDING FOR
MANHOLES SHOW	ING AMOUNT OF MAT	ERIAL TO BE USED AND
ARRANGEMENT C	OF SAME.	
TRACINE SHOWING	DETAILED IMEASU	REMENTS AND DISCRIPT-
ION OF JUNETION	Y AND DISTRIBUTIO	VE BOXES AT VARIOUS
LOCATIONS.		
	• • • • • • • • • • • • • • • • • • •	
• • • • • •		





#### (Worker's full name) (Date)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

Sounty BALTIMORE	CITY State MARY	CHAND
Name of agency or office 8111	REAU OF MECHANICAL of custody) (Office which made	FIECTRICAL SERVICE the record, if different)
Address of office of custody	ROOM. 320 MUN (Name of building, room numb	er, street address)
1. Title (Give present ful)	RACINES title in quotes; assigned title	, if any, in brackets.
If record has had other	titles, list them with dates or	quantities or both)
2. Dates /895 /90 (Earliest and	1 - 1916 1924 latest dates; missing dates. Sho	w exact date of breaks).
3. Quantity 3 FILE (Number of v	DRAWERS folumes; file drawers; file boxes	; bundles; other)
4. Labeling / DRAWER (Explain fully; ye	P.F.A.T. TRACINGS ears; numbers; letters; number of	2DRAWERS NOLABEL, records so labeled)
5. Discontinued and missing rec	cords /89/ - /899 (If record discontinued,	1917 - 1923 MISSINE
whether same information	shown in another record. Explai	n why records are
missing, if possible)		
6. Contents ONS/575 OF (Purpose and gene	TRACINES SHOWING	POLICE FIR ALARM items of information
9 TELEGRAPH POL shown. Summary of forms	ES AND CONNECTION used in making record, their hea	dings; etc. If a very
NUMBER LOCATI	CN BY STREETS Trecord, detailed information as	to type of records
CONNECTIONS contained and dates cover	ROUTE OF CON	DUIT DIMENSIONS ess contents of these
OF DISTRIBUTIAL records are described by	other Forms 12-13HR, such forms	ASUREMENTS should be filled out
FROM CURB TO	CONDUIT.	
WPA FORM 12-13PRRevised	(See reverse side)	16-6419

6.	Contents-continued OTHER TRACINES SHOWING ROUTES OF
	HEATING LINES TO MUNICIPAL BLDE, CANNECTIONS
	FROM MAINLINE TO BLOG. LINE, STREET LOCATIONS
	MEASUREMENTS FROM CURB TO PIPE LINE:
7.	Arrangement (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TRACINES (Handwritten printed form. Handwritten printed head. Typed.
	Typod printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size 3 DRAWERS 31/2" X 60" X 22" FACH APPROX. 1350 (Of record or container. Height, width, thickness or dopth. Average number of
	Pages or documents)
11.	Location by dates and quantities / CABINET BY SOUTH WALL (Room, vault, wallN.E.S.W., section, bin, sholf,
	/N ROOM 322 MUNICIPAL BLDF. cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DELCHER - PEYTON-MACK NOV. 6, 1939 SERIAL No.3/2 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SHAVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

County BALTIMORE CITY, State MARYLAND
Name of agency or office BUREAU OF MECHANICAL FLECTRICAL SERVI (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF. (Name of building, room number, street address)
1. Title DRAWINES (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1901 - 1917 (Farliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 3 9 DRAWERS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling SFF ADDENDA NO. (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents ONSISTS OF DRAWINGS ON TRACING PAPER (Furpose and general nature of record. Principal items of information
SHOWING LOCATION BY STREETS AND TYPE OF MAN shown. Summary of forms used in making record, their headings, etc. If a very
HOLES & PONCRETE BOXES FIVINE DIMENSIONS OF general or miscellaneous record, detailed information as to type of records
SAME AND FULL MEASUREMENTS FROM CURB contained and dates covered by each should be given. Unless contents of these
TO MANHOLE FNIRANCE ALSO SHOWS DATE records are described by other Forms 12-13fill, such forms should be filled out
NO.OF DRAWING AND SCALE

6.	Contents—continued_
7.	Arrangement ALPHA, BY STRFET NAME, NUMBY DRAWING:NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	writing DRAWINGS.  (Handwritten, Handwritten printed form, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
10.	and years covered by each kind of writing)  Size 39 DRAWERS 2"4" X 192" X 24" EACH 435 DRAWINES.  (Cf record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities PILF OF DRAWFRS IN N.E. CORNER (Room, vault, wall-N.E.S.W., section, bin, sholf,
	ROOM 322 MUNICIPAL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13,,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

#### ITEM 4. BUREAU OF MECHANICAL ELECTRICAL SERVICE

/ /	-101	THE REPORT OF THE PROPERTY OF
AI	DENDA	ROOM 320 MUNICIPAL BLDG.
1	DRAWER	
,		A, 1-3 B, 4-14
	11	15, 4-14
_ /	))	C, 15-33
	H	D, 34-36
1	ll ll	E, 37-42
1	11	F, 43-55
1	, SUI	F, 56 - 63
1	l)	H, 64-74
1	1)	V. 75
,	1	L. 74-86
1	11	M. 87-95
1	11	N. 96- 97
,	11	0.98-100
,		V 1.8 100
1		P. 101 - 110
	11	S. 121- 126
	11	
,	11	T, U, 127-134 W, 135-142
,		A, 1 To 24
1	<u>U</u>	
- /		B,25T0 28
		B, 29 TO 53
-/-		C, 54 TO 69 C-D, 70-95
1		
1		T the tool
1	1	F. 112 - 128 F. 129 - 143
1		
1		H. 144-164 L. 179-188
= 1		111 112 100
1	44	
1	11	M. 202-212
1		N.O. 213-221
1	11	P. 223-231
	1/2000 80	B. 737-941
	MEZ	R. 242-250
1	)1	5, 251-259
1	11	5 260 - 267
1	1	T111/ 218-220
1	11	W.Y. 279-293
1	),	
		•
1.		

## DELCHER-MACK-DILWORTH, JAN. 3, 1940. SERIAL No. 313. (Worker's full name) (Dute) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALT	IMARE CITY State MARYLAND
Name of agency o	or office BUREAU OF MECHANICAL ELECTRICAL SERVICE. (Office of custody) (Office which made the record, if different)
Address of office	ce of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title "F/	EC. COM. "S" TRACINES" ve present full title in quotes; assigned title, if any, in brackets.
If record	has had other titles, list them with dates or quantities or both)
2. Dates	(Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity /	FAVELOPE (Number of volumes; file drawers; file boxes; bundles; other)
	FLFC, COM "S" TRACINES  plain fully; years; numbers; letters; number of records so labeled)
5. Discontinued	and missing records (If record discontinued, give reason and state
whether sa	ame information shown in another record. Explain why records are
missing, i	f possible)
6. Contents (F	ONSISTS OF TRACINES SHOWINE PROPOSED urpose and general nature of record. Principal items of information
CONDUI shown. Su	T CONSTRUCTION FOR VARIOUS LOCATION HUMBERTY OF FORMS used in making record, their headings, etc. If a very
JIVINE general or	DETAILED ROUTES LOCATIONS MATERIAL miscellaneous record, detailed information as to type of records
	USED AND FULL MEASUREMENTS, and dates covered by each should be given. Unless contents of these
records ar	e described by other Forms 12-13hR, such forms should be filled out
and attach	ed) ,

6.	Contents-continued
7.	Arrangement NUM BY TRACINE NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing // ONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TRACINES  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typod printed form. Typod printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size / ENVELOPE 17" X 24" X 1/2" 43 TRACINES (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities // MFTAL CABINET NO.3 (Room, vault, wall-N.E.S.W., section, bin, shelf,
	BY WEST WALL IN VAULT NEAR ROOM 102.
	CITY HALL BLDG.
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
7	(For use in Florida.) Early imprints
Q <sub>a</sub>	(Author) (Publisher)
	(Place of publication) (Date of publication)

#### DEICHER-MACK-DILWORTH. 1-8-1940. SERIAL No. 314, (Worker's full name) (Date) (Form identification number)

# WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

Gounty BALTIMORE CITY, State MARYLAND	
Name of agency or office BURFAU OF MECHANIPAL FIFCTR/ (Office of custody) (Office which made the record, if	CAL SERVA different)
Address of office of custody ROOM 320 MUNICIPAL (Name of building, room number, street address)	BIDE,
1. Title TRACINES (Give present full title in quotes; assigned title, if any, in br	ackets.
If record has had other titles, list them with dates or quantities or b	oth)
2. Dates 1899 (Earliest and latest dates; missing dates. Show exact date of	breaks).
3. Quantity / 1044 (Number of volumes; file drawers; file boxes; bundles; other	
4. Labeling (Explain fully; years; numbers; letters; number of records so lab	
5. Discontinued and missing records // // (If record discontinued, give reason and	
whether same information shown in another record. Explain why records a	re
missing, if possible)	
6. Contents CONSISTS OF TRACINGS SHOWING S (Purpose and general nature of record. Principal items of infor	ECTIONA anation
PARTS OF MANHOLE COVERS & FRAM shown. Summary of forms used in making record, their headings, etc. If	ES 4
DISTRIBUTINE BOXES FIVINE DETA	// FD
MEASUREMENTS, contained and dates covered by each should be given. Unless contents of	these
ALSO SHOWS DATE NO AND SCALE records are described by other Forms 12-13AR, such forms should be fille	dout
and attached)	
WPA FOR: 12-13HRRevised (See reverse side) 16-6419	

Contents—continued
Arrangement NUM, BY TRACING NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)  Size / ROLL 3" X 36" 30 TRACINES  (Of record or container. Height, width, thickness or depth. Average number of
pagos or documents)
Location by dates and quantities BIN, 19 BY WEST WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
AULT NEAR ROOM 102 CITY HALL BLDG
Other information (Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

# DEICHER-MACK-DILWORTH, JAN. 16, 1940, SERIAL No. 315 (Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SYNVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty BALTIMORE CITY, State MARYLAND
Name of agency or office BURFANOFMECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title (TRACINES) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates FFB, // 1938 9 JUNE // 1938. (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 2 ROLLS CONTAINING 2 TRACINES (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents <u>CONSISTS OF TRACINES SHOWING STREET NAME</u> (Purpose and general nature of record. Principal items of information
SIENS FRAMES & BRACKETS FOR SAME & ORNAMENT shown? Summary of forms used in making record, their headings, etc. If a very
LAMP POSTS NOS. 9 * 12 GIVING FULL MEASUREMENT general or miscellaneous record, detailed information as to type of records
OF EACH ITEM SHOWN SCALE AND DATE OF TRACINE. contained and dates covered by each should be given. Unless contents of these
records are described by other Forms 12-13HR, such forms should be filled out
and attached)
WPA FOR: 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued
7.	Arrangement TRACINE IN EACH ROLL (Chronologically-by what? Numerically-by what? Alphabetically-by what?
R.	Indexing NONE
٠.	Indexing NONE (Sclf-contained-describe what it shows. If separate, fill out a form for i
	and place cross reference here to that form by title and identification number)
9.	Writing TRACINE
•	Writing RACINE (Handwritten, Handwritten printed form, Handwritten printed head, Typed,
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give month
	and years covered by each kind of writing)
٥.	Size 2 ROLLS I"X 36" FAPH 2 TRAPINES
	Size 2 ROLLS /"X 36" FACH 2 TRACINFS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
,	14 14 00 = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
١.	Location by dates and quantities // WOOD CABINET BY SOU.  (Room, vault, wall-N.E.S.W., section, bin, sholf,
	WALL IN PARA 200 MILLIE OAL BIDE
	WALL IN ROOM 322 MUNICIPAL BLDF.
2.	Other information (Condition of record if not good. Relation to other records.
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	information on prior, subsoquent, or similar records. whether record is known
	to have been kept earlier than dates shown in item 2)
	oo mata boom taga camada shown in food by
7	(For use in Florida.) Early imprints
. ۱۹.	(Author) (Publisher)
	(Place of muhlication) (Date of muhlication)

#### DELCHER - MACK-TILWORTH, 1,-16,-1940, SERIAL No. 316 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY, State MARYHAND
Name of agency or office BURFAU OF MFCHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE. (Name of building, room number, street address)
1. Title "TRAFFIC SIGNAL TRACING" (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates AUF, 17 1939.  (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / ROLL (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling TRAFFIC SIGNAL TRACING (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records /VONE (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF TRACINE SHOWING TRAFFIC SIGNAL (Purpose and general nature of record. Principal items of information
AND CONNECTIONS FOR SAME AT VARIOUS POINTS shown. Summary of forms used in making record, their headings, etc. If a very
MEITY SHOWING LOCATIONS BY STREETS AND general or miscellancous record, detailed information as to type of records
NIFRSECTIONS FIVING FULL MEASURE MENTS contained and dates covered by each should be given. Unless contents of these
FROM CURBS TO BASE OF SIENAL AMOUNT records are described by other Forms 12-13HR, such forms should be filled out
AND LIST OF MATERIAL REQUIRED, DATE AND SCALE

	6. Contents—continued OF TRACINE.
•	
	7 American / TRARIME
	7. Arrangement TRACINE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	8. Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	(Scii-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
	9. Writing TRACING (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	(Handwritten, Handwritten printed form, Handwritten printed head, Typed,
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	10. Size ROLL I"X 1912" TRACING (Of record or container. Height, width, thickness or depth. Average number of
	(of resolution for the resolution of the point account in the resolution of the reso
	pages or documents)
	pages or documents)
·	
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,
·	
·	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault, wallN.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  cabinet, on floor)
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault, wallN.E.S.W., section, bin, shelf,  Cabinet, on floor)  12. Other information (Condition of record if not good. Relation to other records.
	11. Location by dates and quantities IN WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDG.  cabinet, on floor)
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault, wallN.E.S.W., section, bin, shelf,  Cabinet, on floor)  12. Other information (Condition of record if not good. Relation to other records.
	11. Location by dates and quantities N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  cabinet, on floor)  12. Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	11. Location by dates and quantities N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  cabinet, on floor)  12. Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	11. Location by dates and quantities N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDF, cabinet, on floor)  12. Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  13. (For use in Florida.) Early imprints
	11. Location by dates and quantities N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  cabinet, on floor)  12. Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault; wallN.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  12. Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  13. (For use in Florida.) Early imprints (Author) (Publisher)
	11. Location by dates and quantities N WOOD CABINET BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDF, cabinet, on floor)  12. Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  13. (For use in Florida.) Early imprints
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault; wallN.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  12. Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  13. (For use in Florida.) Early imprints (Author) (Publisher)
	11. Location by dates and quantities /N WOOD CABINET BY SOUTH (Room, vault; wallN.E.S.W., section, bin, shelf,  WALL IN ROOM 322 MUNICIPAL BLDE.  12. Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  13. (For use in Florida.) Early imprints (Author) (Publisher)

#### DFICHER-MACK-DILWORTH, JAN, 16, 1940, SERIAL No. 317 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BAITIMORE CITY State MARYLAND	
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SE (Office of custody) (Office which made the record, if different	t)
Address of office of custody ROOM 320 MUNICIPAL BLDE (Name of building, room number, street address)	-
	magazina di mata
1. Title TRACING (Give present full title in quotes; assigned title, if any, in brackets.	-
If record has had other titles, list them with dates or quantities or both)	
2. Dates MAY, 21, 1935.	
(Earliest and latest dates; missing dates. Show exact date of breaks)	•
3. Quantity / RO11	
3. Quantity / RO11 (Number of Volumes; file drawers; file boxes; bundles; other)	
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)	
5. Discontinued and missing records NONE (If record discontinued, give reason and state	
(If record discontinued, give reason and state	
whether same information shown in another record. Explain why records are	
missing, if possible)	
6. Contents ONSISTS OF TRACINES SHOWING PROPOSE (Purpose and general nature of record. Principal items of information	D.
RELOCATION OF STREET LIEHTS AND ALTERATION shown. Summery of forms used in making record, their headings, etc. If a very	NS
TO CONDUITS IN ADVANCE OF PAYING AT VARIA	2115
PLACES IN CITY FIVINE LOCATIONS BY STREET contained and dates overed by each should be given. Unless contents of these	3_
DETAILED MEASUREMENTS OF MANHOLES, records are described by other Forms 12-13hR, such forms should be filled out	
and attached)	
WPA FORM 12-13HRRevised (See reverse side) 16-6419	

(For use in Florida.) Early imprints (Author) (Publisher)
to have been kept carlier than dates shown in item 2)
Information on prior, subsequent, or similar records. Whether record is known
Other information (Condition of record if not good. Relation to other records.
WALL IN ROOM 322 MUNICIPAL BLDF.  Cabinet, on floor)
Room, vault, wall-N.E.S.W., section, bin, sholf.
pages or documents)
and years covered by each kind of writing)  Size / ROLL /"X 22 " / TRACINE,  (Of record or container. Height, width, thickness or depth. Average number of
Typod printed form. Typod printed head. Printed. Photostat. Other. Give months
(Handwritten. Handwritten printed form. Handwritten printed head. Typed.
and place cross reference here to that form by title and identification number)  Writing  TRACING
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
Arrangement / TRACINE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Contents—continued CONDUITS, POLES & HAND BOXES.

### DELCHER-MACK-FAWCETT, NOV, 29, 1939, SERIAL No. 318. (Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Gounty BALTIMORE CITY, State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLOG. (Name of building, room number, street address)
1. Title "NOTIFICATIONS OF CHANFES IN M.E. PRINTS" (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates SFP7 14 1914 TO NOV. 20 1915. (Earliest'and latest dates; missing dates. Show exact date of breaks).
3. Quantity / F/1 F BOX (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling NOTIFICATIONS OF CHANGES IN M. F. PRINTS. (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF INTERDEPARTMENTAL NOTIFICATIONS OF CHANGES (Purpose and general nature of record. Principal items of information
TO BE MADE IN ELECTRICAL CONSTRUCTION BEQUIRING CHANGES IN shown. Summary of forms used in making record, their headings, etc. If a very
Blue PRINIS, NOTICES DISCRIBE INDETAIL THE CHANGES TO general or miscellaneous record, detailed information as to type of records
BE MADE AND ARE SENT TO VARIOUS DEPARTMENT HEADS contained and dates covered by each should be given. Unless contents of these
BY THE MECHANICAL ELECTRICAL ENGINEER, NOTICE SHOWS records are described by other Forms 12-13HR, such forms should be filled out
DATE AND NO. and attached)

٠ ج	Contents—continued
0.	Content Secont Indea
7.	Arrangement CHRONO BY DATE OF NOTICE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Scif-contained-describe what it shows. If separate, fill out a form for it,
	(Sclf-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HOW, ON PRINTED FORM. (Handwritten, Handwritten printed form, Handwritten printed head. Typed.
	(Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
٠	
	and years covered by each kind of writing)
10.	Size FILE BOX 12"X 3"X 10" 500 NOTICES.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Rocation by dates and quantities BIN NO. 9 BY SOUTH WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDF.
	Cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
.13	(For use in Florida.) Early imprints
.13.a.	(For use in Florida.) Early imprints (Author) (Publisher)
13.	(For use in Florida.) Early imprints (Author) (Publisher)  (Place of publication) (Date of publication)
13.	(Author) (Publisher)
13.	(Author) (Publisher)

#### DEICHER-PEYTON-MACK, NOV. 2 1939 SERIAL No. 319 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU DEMECHANICAL FIECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE. (Name of building, room number, street address)
1. Title (OBSTRUCTION 4 TROUBLE REPORTS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /926-/928 /938 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 2 FILE DRAWERS (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling //ONE (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records /929-/937 M/SS/NF (If record discontinued, give roason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REPORTS OF CITY INSPECTORS TO HEAD OF Purpose and general nature of record. Principal items of information
CONDUIT DIVISION RELATIVE TO CONDUIT AND CABLE shown. Summary of forms used in making record, their headings, etc. If a very
OBSTRUCTIONS OR DAMAGES SHOWING CAUSE OF DAMAGE general or miscollaneous record, detailed information as to type of records
OR OBSTRUCTIONS WHFTHER DONE BY OUTSIDE contained and dates covered by each should be given. Unless contents of these
OR CITY WORKMEN, LOCATION BEPAIRS NECESSARY, records are described by other Forms 12-13HR, such forms should be filled out
DATE OBSTRUCTION OR DAMAGE OCCURRED, DATE
WPA FOR: 12-13HRRevised (See reverse side) 16-6419

6.	Contents—continued OF REPORT AND SIENATURE OF INSPECTOR
	MAKINE REPORT.
	SEE SERIAL NO. 320 FOR REPORTS POVERINE
	YFARS 1936-1937
7.	Arrangement CHRONO BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED & Hadw. ON PRINTED FORM. (Handwritten. Hundwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
0.	Size / FILE DRAWER 31/2"X 29"X34" APPROX 600 REPORTS. (Of record or container. Height, width, thickness or depth. Average number of
	Pages or documents)  Pages or documents
1.	Location by dates and quantities /F/LE DRAWER /926-1928. IN BOTTOM (Room, vault, wallN.E.S.W., section, bin, sholf,
	DRAWER IN CABINET IN PENTRE OF ROOM 322 AND IFILE
	DRAWER 1938-1939 IN JTH DRAWER IN CABINET CENTER OF ROOM 322 MUNICIPAL BLD
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DFICHER-PEYTON-MACK NOV. 2, 1939 SERIAL No. 320 (Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BAITIMORE CI	TK State MARY	LAND
Name of agency or office BURFA (Office of	U OF MECHANICAL E. custody) (Office which made	the record, if different)
Address of office of custody	OOM 320 MUNICI (Name of building, room numb	PAL BLDE. er, street address)
1. Title OBSIRUCTION (Give present full ti	tle in quotes; assigned title	REPORTS), if any, in brackets.
If record has had other tit	les, list them with dates or	quantities or both)
2. Dates /93/ (Earliest and lat	- 37 est dates; missing dates. Sho	w exact date of breaks).
3. Quantity 2 BUNDIFS (Number of volu	nos; file drawers; file boxes	; bundles; other)
4. Labeling (Explain fully; years		
5. Discontinued and missing record	s NONE (If record discontinued,	give reason and state
whether same information sho	wn in another record. Explai	n why records are
missing, if possible)		
6. Contents CONSISTS OF (Purpose and general		NSPECTORS TO HEAD items of information
OF CONDUIT DIVISION Shown. Summary of forms use	ON RELATIVE TO d in making record, their hea	CONDUIT AND CABI
OBSTRUCTIONS OR general or miscellancous rec	ord, detailed information as	to type of records
SUCH DAMAFE ON contained and dates covered	by each should be given. Unl	V. WHETHER DONE
BY OUTSIDE MEN records are described by other	OR CITY EMPI er Forms 12-13AR, such forms	Should be filled out
REPAIRS NEPESSA and attached)	RY, DATE OBST	RUCTION OR
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

	Contents—continued DAMAFE OCCURRED, DATE OF
	REPORT AND SIENATURE OF INSPEPTOR.
	MAKINE REPORT.
	SEE SERIAL NO. 319 FOR REPORTS OY YEARS 1926-28, 193
0	Arrangement CHRONO BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
	Writing Handwritten Printed form. Handwritten printed head. Typed.
	(namawritten: namawritten printed form. namawritten printed neam: Typed:
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
	Size <u>J. BUNDLE 1/2" X 8/2" X 11" FACH JOO REPORTS</u> , (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
	Location by dates and quantities 5 TH. ROW FROM TOP WITH, BIN (Room, vault, wallN.E.S.W.; section, bin, sholf,
	FROM FAST WALL BY SOUTH WALL IN VAULT
	NEAR ROOM 318 MUNICIPAL BLDE.
	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
1	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Date of publication)
	(mano or heartoceators) (mano or heartestors)

#### DFICHER-MACK-DILWORTH, JAN. 18, 1940. SERIAL No. 321 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS AIMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY, State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRIC SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE. (Name of building, room number, street address)
1. Title (W.P.A. PROJECT PROFRESS REPORTS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /93/-/937 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / FILE DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records    NONF   (If record discontinued, give reason and state)
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REPORT OF WORK DONE BY (Purpose and general nature of record. Principal items of information
W. P. A. WORKERS SHOWINE PERIOD ENDINE DATE shown. Summary of forms used in making record, their headings, etc. If a very
PROJECT NO. LOCATION OF WORK TYPE OF WORK general or miscellaneous record, detailed information as to type of records
AND AMOUNT OF WORK COMPLETED DURING contained and dates covered by each should be given. Unless contents of those
THE PERIOD SHOWN, records are described by other Forms 12-13HR, such forms should be filled out
and attached)
WPA FOR 12-13FRRevised (See reverse side) 16-6419

6.	Contents—continued .
7.	Arrangement CHRONO, BY DATE OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing Hall. ON RILED PAPER (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
LO.	Size FI F DRAWER 3"X ///2" X 22" APPROX 100 REPSR! (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities # TH DRAWER FROM LEFT IN TOP (Room, vault, wallN.E.S.W., section, bin, sholf,
	ROW IN WOOD CABINET BY SOUTH WALL IN ROOM
	322 MUNICIPAL BLDE,
.2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
.3.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(Davo of publication)

Progress of NPA Projects For Period Ending Dec 23,1937. Project #119-Completed. CWO#520 Ponca St-Completed. Conduit Completed 1-662-3"-1972.5" 6-162-3"- 4-683" 8-3" - 7770" 1-3" - 109.5" Trench Feet Completed - Total - 3327.3 11 Manholes Completed. Sidewalk Replaced Cement- 46557 Sy Ft. Areet Paving Replaced Average Cross-Section. 2.0' x 4.5' Concrete Base - 211.85, Ft Concrete - 428.5 "

Serial # 321

19/1# 15 #

#### DEICHER-MACK-DILWORTH, JAN. 4, 1940, SERIAL No. 322. (Worker's full name) (Date) (Form identification number)

WOPKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

Gow	THE BALTIMORE CITY State MARYLAND
	e of agency or office SURFAU OF MECHANNEAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
	ress of office of custody ROOM 320 MINNEIPAL BLD 5.  (Name of building, room number, street address)
1. '	Title DISTRIBUTINE BOX LOCATION RECORD (Give present full title in quotes; assigned title, if any, in brackets.
2.	Dates (Earliest and latest dates; missing dates. Show exact date of breaks).
3.	Quantity 3 BUNDLES (Number of volumes; file drawers; file boxes; bundles; other)
	Labeling (Explain fully; years; numbers; letters; number of records so labelod)
5. :	Discontinued and missing records  (If record discontinued, give reason and state)  whether same information shown in another record. Explain why records are
-	missing, if possible)
	Contents CONSISTS OF PECORD SHOWING LOCATION (Purpose and general nature of record. Principal items of information  OF DISTRIBUTING BOXES IN CONDUITS GIVING shown. Summary of forms used in making record, their headings, etc. If a very
Ž	BOX NO. LOCATIONS BY STREETS SIZE OF BOX, general or miscellaneous record, detailed information as to type of records
لم	OFIAILED WEASUREMENTS & REMARKS.  contained and dates covered by each should be given. Unless contents of these
:	records are described by other Forms 12-13HR, such forms should be filled out
-	and attached)

(See reverse side)

16-6419

WPA FORM 12-13HR--Revised

6	. Contents—continued
. 7	. Arrangement ALPHA. BY NAME OF STREET. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8	. Indexing NONE
	(Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9	
	Writing Handwritten Printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	Typed printed form. Typed printed hear. Frinted. Thousand. Other. Give monaid
	and years covered by each kind of writing)
10	Of record or container. Height, width, thickness or depth. Average number of
10	
10	Of record or container. Height, width, thickness or depth. Average number of pages or documents)
10	
	pages or documents)  . Iocation by dates and quantities // METAL DRAWER NO. 7 (Room, vault, wallN.E.S.W., section, bin, shelf,
	pages or documents)  Location by dates and quantities IN METAL DRAWER NO.7 (Room, vallt, wall-N.E.S.W., section, bin, shelf, eabinet, on floor)
11	pages or documents)  Location by dates and quantities IN METAL DRAWER NO. 7 (Room, Vault, wallN.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR ROOM cabinet, on floor)  102 CITY HALL BLDE.
11	pages or documents)  Location by dates and quantities IN METAL DRAWER NO.7 (Room, vallt, wall-N.E.S.W., section, bin, shelf, eabinet, on floor)
11	pages or documents)  . Location by dates and quantities IN METAL DRAWER NO. 7 (Room, valit, wallN.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR BOOM eabinet, on floor)  102 CITY HALL BLDE.  . Other information  (Condition of record if not good. Relation to other records.
11	pages or documents)  Location by dates and quantities IN METAL DRAWER NO. 7 (Room, Vault, wallN.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR ROOM cabinet, on floor)  102 CITY HALL BLDE.
11	pages or documents)  . Location by dates and quantities IN METAL DRAWER NO. 7 (Room, valit, wallN.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR BOOM eabinet, on floor)  102 CITY HALL BLDE.  . Other information  (Condition of record if not good. Relation to other records.
11	DRAWER NO. 7  (Room, vault, wall-N.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR ROOM cabinet, on floor)  /O2 CITY HALL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
11	DRAWER NO. 7  (Room, vault, wall-N.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR ROOM cabinet, on floor)  /O2 CITY HALL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
11	Dayer No. 7  Location by dates and quantities IN METAL DRAWER NO. 7  (Room, Vault, wall-N.E.S.W., Section, bin, shelf, By South Wall IN VAULT NEAR ROOM cabinet, on floor)  102 CITY HALL BLDF.  Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)
11	DRAWER NO. 7  (Room, vault, wall-N.E.S.W., section, bin, shelf,  BY SOUTH WALL IN VAULT NEAR ROOM cabinet, on floor)  /O2 CITY HALL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
11	Day Fr. No. 7  [Room, value, wall-N.E.S.W., section, bin, shelf, w
11	Day Room, vault, vall-N.E.S.W., section, bin, shelf,  By South Wall IN Vault NEAR ROOM  cabinet, on floor)  Od CITY HALL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)
11	Day Fr. No. 7  [Room, value, wall-N.E.S.W., section, bin, shelf, w

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty BALTIMORE CITY, State MARYLAND.
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BIDG. (Name of building, room number, street address)
1. Title (INSPECTORS RECORD BOOKS) (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1914 - 1915. (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / BUNDLE (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF INSPECTORS RECORD BOOKS (Purpose and general nature of record. Principal items of information
PERTAINING TO HOUSE CONNECTIONS FOR ELECTRIC shown. Summary of forms used in making record, their headings, etc. If a very
SUPPLY SERVICE SHOWING LOCATION OF PROPERTY general or miscellancous record, detailed information as to type of records
BY STREET & HOUSE No. TO BE SERVICED, ARE contained and dates covered by each should be given. Unless contents of these
AND MEASUREMENTS OF EXCAVATION TO CITY records are described by other Forms 12-13nR, such forms should be filled out
CONDUIT LINE AND AMOUNT & TYPE OF

Contents-continued MATERIAL NECESSARY FOR
REPAIRS TO PAVEMENT & SIDE WALK AFTER
EXCAVATION.
Arrangement CHRONO BY DATE OF ENTRY (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
(Self-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing HAW ON RULED PAFFS (Handwritten Printed form. Handwritten printed head. Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size / BUNDLE 5"X4"X7" 24 RECORD BOOKS (Of record or container. Height, width, thickness or depth. Average number of
50 PAFES EACH. pages or documents)
Location by dates and quantities BIN. 16 BY SOUTH WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
VAULT NEAR ROOM 102 CITY HALL BLDG.
Other information (Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

#### DEICHER - MACK-FAWCETT, - NOV.30, 1939. SERIAL No. 324 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

COMO BALTIMORE C	/TY State M	ARYLAND
Name of agency or office SURE	•	
(Office of	custody) (Office which a	ade the record, if different)
Address of office of custody	ROOM 320 M (Name of building, room	number, street address)
1. Title DAILY REP	ORT BOOKS"	
(Give present full ti	itle in quotes; assigned t	itle, if any, in brackets.
If record has had other tit	tles, list them with dates	or quantities or both)
2. Dates JAN 4 191. (Farliest and lat		
	<del>-</del>	
3. Quantity 56 RFPO (Number of volu	RT BOOKS mes; file drawers; file t	oxes; bundles; other)
4. Labeling SEE AD (Explain fully; years	DENDA NO.1	
,		
5. Discontinued and missing record	ds	ad give mean and state
	(II record discontine	icu, give reason and soave
whether same information sho	num in another record Es	mlain why records are
	Juli III (MO MOI 100014. H)	interior in the second
missing, if possible)		
6. Contents <u>CONSISTS OF DA</u> (Purpose and general	ILY REPORT BOOK	s PERTAINING TO ELEC-
	•	•
shown. Summery of forms use	WORK SHOWING	DATE OF REPORT ORDER headings, etc. If a very
•		•
NO. NAME OF ELECTRIC	CAL LINE LOCATION	BY STREET, MEASUREMENT as to type of seconds
	•	
OF DITCH EXCAVATION.	S. LOCATION BY.	STREETS OF EXCAVATIONS, Unless contents of these
,	5, 50,001 6116 612 617 617	
NUMBER OF FEET OF C	CONDUIT INVOLVED her Ferms 12-13HR, such fo	AND STREET LOCATION rms should be filled out
		O, GRAVEL DOWEL PINS,
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents continued BURLAP, PAINT, ANGLE IRONS, FLAT PLATES,
	POAL OIL & FASOLINE USED, LABOR HOURS, BRIEK LAYERS HOURS,
	LINESMEN HOURS, FOREMEN HOURS, MANHOLE LOCATIONS BY
	STREETS AND TYPE & AMOUNT OF MATERIAL USED INMANHOLE CONSTRUCTION
7.	Arrangement CHRONO, BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-containeddescribe what it shows. If scparate, fill out a form for it,
`	
	and place cross reference here to that form by title and identification number)
9.	Writing Haw. ON PRINTED PAGES. (Handwritten Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	ard years covered by each kind of writing)
ο.	Size 56 Refort Books 7"X 4"3" X 1/3" EACH, 50 PASES EACH, (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
	Location by dates and quantities 3/N, NO. 17 BY SOUTH WALL IN (Room, vault, wallN.E.S.W., section, bin, shelf,
,	AULT NEAR ROOM 102 CITY HALL BLDE.
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(Page of publication) (Date of publication)

DELCHER-KILIPOX-MACK

1 BUREAU OF MECHANICAL ELECTIFIC SERVICE

ITEM. 4 ROOM = 320 MUNICIPAL BUILDING.

ADDENDA .						
1	REPORT	BOOK	DAILY	REPORT	BOOK	NO1-1,4-15 TO 3,-8-15
1	//	И	11	′(	1	11 2 - 1-4-15 To 3-29-15
1	11	· ·	N	/1	*1	13-1-4-1570 2-9-15
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1	11	11	71	//	)1	15-1-4-15 To 4-5-15
/	11	11_	и	)1	(1	116-1-4-15 70 3-9-15
1	11	11	K	11.	11	17-1-4-15704-10-15
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1	11	1(	21	11	11	× 10- 3-30-15 to 6-25-15
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1	1/	4	11	. 11	11	1 12- 2-8-15 70 2-23-15
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1	К		11	11	11	14-3-9-15704-13-15
1	И	11	11			11 15- 3-10-15 To 5-19-15
1	1	10	4	1(	15	116-3-14-15 To 5-12-15
1	11	11	11	11	R	117-3-15-15 75 4-1-15
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1	14	11	H	11	11	119-4-1-15 70 6-28-15
1	V		n	1(	11	1120-4-3-15 TO 4-15-15
/	11	//	11	71	11	·21-4-7-15 TO 6-22-15
1	11	11	1,	11	11	1 22-4-12-15 TO 6-29-15
1	),	1(	),	)1	1 e	1 23-4-13-1570 5-13- 15

1 BUREAU OF MECHANICAL FLECTRIC SERVICE

1TEM ROOM#320 MUNICIPAL BUILDING

RECORD BOOK DAILY REPORT BOOK NO. 24-4-14-1915 To 7-8-1915 25-4-16-1915 TO 4-28-1915 1) 26-4-28-1915 TD 5-18-1915 1 27-4-29-1915707-2-1915 11 11 28-5-14-15 To 6-22-15, / 11 1 1 30-5-19-15 To 6-1-15 11 NO. 11 / 11 31-6-3-15 TD 6-15-15 32-6-23-15 TO 7-15-15 11 11 11 33-6-16-15 TO 6-29-15 11 11 / 11 34-6-24-15 To 10-15-15 11 h 11 1 11 11 h 35-6-30-15 TO 10-4-15. 11 11 3b-6-28-15 To 10-7-15 11 11 11 37-6-30-15TO 9-27-15 11 11 11 11 38-6-30-15 TO 7-7-15 11 10 39-7-5-15 TO 9-24-15 / 11 11 1.5 11 40-7-8-15 TO 7-19-15 / 11 41-7-9-15TO 9-24-15 11 11 11 11 11 H 41-7-20-1570 7-30-15 11 / 18 42-7-16-15 70 8-19-15 11 11 11 42-5-24-15 TO 8-2-15 11 11 11 11 11 43-7-26-15 TO 10-12-15 11 11 11 8-3-15 To 10-12-15 DELCHER-KILROY-MACK.

BUREAU OF MECHANICAL ELECTRIC SERVICE

17EM.4 ROOM #320 MUNICIPAL BUILDING							
AL			THE SE	34 600 377			
1	RECORD	BOOK.	DAILY	REPORT	BOOK	180	8-2-15 to 8-13-15
1	11	1)	-11	11	. 10		8-16-1570 9-2-15
1	R	1)	11	Ti.	n	71	8-20-1570 9-29-15
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1	11	16	/ 1	, (	11		9-30-15 TO 10-18-15
1	11	11	11	) (	) (		9-27-15 To 10-12-15
1	11	11	, ,	11	1.1		10-4-15 TO 10-14-15
1	11	11 '	10	H	/(		9-30-15 TO 10-13-15
1	11	Je.	1,	11	11		10-13-15 To 10-13-15

# DELCHER-MACK-FAWCETT DEC. 20, 1939. SERIAL No. 325 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Goody BALTIMORE CITY State MARYLAND.	
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERV. (Office of custody) (Office which made the record, if dif	(CE.
Address of office of custody ROOM 320 NUNICIPAL BLDF.  (Name of building, room number, street address)	
1. Title "ACCIDENT REPORTS"  (Give present full title in quotes; assigned title, if any, in brack	æts.
If record has had other titles, list them with dates or quantities or both  2. Dates 1899 - 1913  (Earliest and latest dates; missing dates. Show exact date of br	•
3. Quantity 2 FILE BOXES (Number of volumes; file drawers; file boxes; bundles; other)	eaks).
4. Labeling Nove (Explain fully; years; numbers; letters; number of records so labele	id )
5. Discontinued and missing records  (If record discontinued, give reason and st	ate
whether same information shown in another record. Explain why records are	
missing, if possible)  6. Contents CONSISTS OF REPORTS PERTAINING TO PERSO.  (Purpose and general nature of record. Principal items of informations)	NAL
Shown. Summary of forms used in making record, their headings, etc. If a	
PARTICULARS APPARENT CAUSE NATURE OF general or miscellaneous record, detailed information as to type of records	
OR DAMAFE AND FINAL DISPOSITION OF A contained and dates covered by each should be given. Unless contents of the	
CASE RECORD ALSO SHOWS DATE AND TIME records are described by other Forms 12-13HR, such forms should be filled of	
MIURY NAME OF PARTY INJURED, WITNESSES IF	MANE

5.	Contents-continued DATE OF REPORT, REMARKS AND SIGNATUR
	Arrangement CHRONO BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing (Sclf-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)  Writing Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)  Size 2 FILE BOXES 12"X5"X10" EACH APPROX (Of record or container. Height, width, thickness or depth. Average number of pages or documents)
•	Location by dates and quantities /N WOOD CABINET BY EAST (Room, Vault, Wall-N.E.S.W., section, bin, sholf,  WALL IN VAULT NEAR ROOM 102 CITY HALL cabinet, on floor)
	BLD 5.
	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# DELCHER-MACK-FAWCETT, NOV. 30 1939, SERIAL No. 3 26 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE C	ITY, State MAR	YLAND
Name of agency or office BURY (Office	of custody) (Office which made	the record, if different)
Address of office of custody	ROOM 320 MUNICI (Name of building, room num	ber, street adiress)
1. Title  (Give present full  REPORT  If record has had other	**BULLETINS** title in quotes; assigned titl OF PROPOSED WOR titles, list them with dates or	e, if any, in brackets.  K FOR COMME WEEK quantities or both)
2. Dates MAY / / Farliest and	9/8 - SEPT 20 /9 latest dates; missing dates. Sh	ow exact date of breaks).
3. Quantity   F   (Number of vo	5 BOX Dlumos; file drawers; file boxe	s; bundles; other)
4. Labeling WFFK/ (Explain fully; year	BULLETINS, ars; numbers; letters; number o	f records so labeled)
5. Discontinued and missing rece		
whether same information :	shown in another record. Expla	in why records are
missing, if possible)		
6. Contents CONSISTS OF (Purpose and gence	ral nature of record. Principa	litems of information
TO CHIEF FNGINFE shown. Summary of forms	R OF ELECTRICAL Coused in making record, their he	OMMISSION PEBIAIN adings, etc. If a very
/NG To PROPOSED general or miscellancous:	WORK FOR THE FO	to type of records
SHOWING NAME OF contained and dates covered	ed by each should be given. Un	E OF PROPOSED less contents of these
WORK AND LOCAT	ther Forms 12-13HR, such forms	should be filled out
and attached)	, , , , , , , , , , , , , , , , , , , ,	1
WPA FOR: 12-13HRRevised	(See reverse side)	16-6419

6.	Contents-continued
7.	Arrangement CHRONO, BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE, (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED ON LETTER HEAD.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size FILE BOX 12" X 3" X 12" 50 REPORTS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	Location by dates and quantities /N BIN NO. 9 BY SOUTH WALL IIV (Room, vault, wall-N.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDE. enbinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# DEICHER-MACK-FAWCEET NOV. 30, 1939, SERIAL No. 327 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SUNVEY: 1937
1734 NEW YOUK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDG, (Name of building, room number, street address)
1. Title  CAR TICKETS  (Give present full title in quotes; assigned title, if any, in brackets.  REPORTS OF CAR TICKETS USED:  If record has had other titles, list them with dates or quantities or both)
2. Dates MAY, 21, 1903. — 11NF 8 1908. (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 3/BUNDLES (Number of volumes; Tile drawers; file boxes; bundles; other)
4. Labeling SEF ADDENDA (Explain fully; years; numbers; lotters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REPORTS OF TRANSPORTATION CAR (Purpose and general nature of record. Principal items of information
TICKETS USED BY EMPLOYEES OF OLD ELECTRICAL shown. Summary of forms used in making record, their headings, etc. If a very
COMMISSION TO AND FROM VARIOUS JOBS, general or miscellaneous record, detailed information as to type of records
SHOWING DATE OF REPORT NAME OF EMPLOYED contained and dates covered by each should be given. Unless contents of these
TICKETS ISSUED TO DATE OF ISSUE POINTS records are described by other Forms 12-13fix, such forms should be filled out
FROM + TO TICKETS USED AND NUMBER OF

6.	DURING PERIOD AS SPECIFIED BY REPORT.
	DUBING LENIGE DE ELLE ELLE ELLE ELLE
7.	Arrangement CHRONO, BY DATE OF REPORT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Sclf-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED ON BLANK PAPER.  (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size 3/BUNDLES 1/2" X 4" X 8" FACH APPROX. (Of record or container. Height, width, thickness or depth. Average number of
	480 REPORTS. pagos or documents)
11.	Location by dates and quantities /N BIN NO. 16 BY SOUTH WAR
	IN VAULT NEAR ROOM 102 CITY HALL BLDF, cabinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

PROMI # 32 MUNICIPAL ITEM 4DDENDA-MAY, 26 TO JULY, 7, 1903, -2000 CAR TICKETS PACK LABELED JULY, 7. TO AUF, 11, 1903, -2000 " AUG, 11. TO SEPT, 15, 1903. - 2000 11 11 SEPT, 15. TO OCT. 7, 1903, - 2000 11 / 11 OCT. 7. TO NOV. 30, 1903. - 2000 11 11 DEC. 1. 1903 TO MAR. 24, 1904 - 2000 11 11 MAR, 25. TO NONE 1, 1904, - 2000 20 11 NUNE 2 TO JULY 29, 1904, -2000 11 AUG, 1 TO SEPT 20, 1904 - 2000 11 11 SEPT 21, TO NOV 1, 1904 - 2000 NOV. 1 TO DEC. 23, 1904 - 2000 11 DEC. 29, 1904 TO FEB, 27, 1905, -2000 MAR: 1. TO APL, 17, 1905 - 2000 APL 18 TO MAY. 22, 1905 - 2000 11 10 MAY 24 TO VUNE 23, 1905 - 2000 10 JUNE 26 TO AUG 23, 1905 - 2000 11 AUG 24 TO OCT 21, 1905 - 4000 TICKETS. 11 OCT 24, 1905 TONAN, 2, 1906 - 4000 TICKETS 11 VAN. 4 TO MAR 27, 1906 - 4000 CAR TICKETS Et MAR. 29 TO NUNE 5- 1906 = 4000 CAR TICKETS 11 NUNE 6, 1906 TO JULY D, -1906 = 2000 CAR TICKETS 11 JULY 6, 1906 TO SEPT, 11, 1906 = 4000 CAR TICKETS 11 SEPT. 17. 1906 TO NOV. 26. 1906 = 4000 CAR TICKETS

OFMECHANICAL FIFCTRIC SFRVICE

DELCHER-KILROY-MACK BUREAU OF MECHANICAL ELECTRIC SERVICE ROBER#320 GUNICIPAL BUILDING BUNDLE NOV. 28, 1906 TO NAN. 4, 1907 = 2000 CAR TICKETS VAN. 8, 1907 TO MAR 26, 1907 = 4000 CAR TICKETS MAR. 30 - 1907 TO MAY. 27 - 1907 - 4000 CAR TICKETS MAY. 28 - TO JULY 22, 1907 = 4000 CAR TICKETS JULY 24-1907 TO OCT 1, 1907 = 4000 CAR TICKETS OCT. 4 - 1907 TO DEC. 16, 1907 = 4000 CAR TICKETS DEC. 18-1907 TO MAR. 24-1908-400 CAR TICKETS MAR. 26-1908 TO JUNE 8, 1908 = 4000 CAR TICKETS

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 MEW YORK AVE. NW. Washington, D.C.

County BALTIMORE CITY, State MARYLAND
Name of agency or office BUREAUOF MECHANICAL FIECTRICAL SERVEE, (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)
1. Title PROFRESS REPORTS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / DRAWER (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF PROFIESS REPORTS OF WORD DONE (Purpose and general nature of record. Principal items of information
BY CONDUIT DIVISION OF BUREAU OF MECHANICAL shown. Summary of forms used in making record, their headings, etc. If a very
ELECTRICAL SERVICE SHOWING PAFEND DATES general or miscellaneous record, detailed information as to type of records
COVERED BY REPORT LOCATION OF WORK centained and dates covered by each should be given. Unless contents of these
DISCRIPTION OF WORK AMOUNT OF TRENCH FEET records are described by other Forms 12-13HR, such forms should be filled out
COMPLETED FOR WEEK, AMOUNT COMPLETED TO

6.	Contents-continued TIVEN DATE, ESTIMATED AMOUNT TO BE
	COMPLETED, APPROX, TOTAL, SIZE LENGTHY DESC. OF
	INFALFEFT, NO. KIND + DESC. OF CONNECTIONS, NO. 4 SIZE
	F MANHOLES, SIZE & LENGTH OF DEAD END, REMARKS & SIG. OF INSPECTOR.
	Arrangement CHRONO BY DATE OF REPORT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-containeddescribe what it shows. If separate, fill out a form for it,
	(0022 00110021200 0001200 011000 11 211000 12 20 000 1 2122 000 0 1000 1
	and place cross reference here to that form by title and identification number)
9.	Writing TYPEN ON PLAIN PAPER & PRINTED FORMS, (Handwritten Handwritten printed form. Handwritten printed head. Typed.
	Typod printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size   DRAWER 3" X 112 2" 176 REPORTS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities 4TH DRAWER FROM LEFT IN (Room, vault, wall-N.E.S.W., section, bin, shelf,
	TOP ROW IN WOOD CABINET BY SOUTH WALL
	IN ROOM 322 MUNICIPAL BLDF.
2.	Other information SEE ATTO
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.,	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# BUREAU OF MECHANICAL - ELECTRICAL SERVICE

CONDUIT CONSTRUCTION DIVISION

# XXX.WEEKEY REPORT OF PROGRESS WEEK ENDING 1 to August 1, 1937

PAGE 97

Setun St	\$12 %. Candon St	LOCATION	
A.L. Conn 519	House Conn 518	DESCRIPTION C. W.O.	
•	•	O. COMPLETEO	
		COMPLETED TO OATE	TRENCH FEET
13.00	SI SI	ESTIMATED TO COMPLETE	FEET
+++	5000 5000 5000 5000 5000 5000 5000 500	APPROX.	
3" 5	8 9	SIZE	
7-9° A.L 6-7°	25.6	LENGTH	LINEAL FEET
Comm	a a Bouse Con	DESC.	
	House	NO.	
	Gom -		CONNECTIONS
		DESC.	TIONS
		No.	7
		SIZE	MANHOLES
6		SIZE	DEA
	,	LENGTH	DEAD END
2	COLLICIO	REMARKS	

# 329" J. Broken Cir. FICHER - MACK - FAWCETT, 7
(Worker's full name) (Date)

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YOLK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BALTIMORE CITY, State MARYLAND
Name of agency or office RURFAU OF MECHANICAL FLECTRICAL SERVICE, (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 300 MUNICIPAL BLDE. (Name of building, room number, street address)
" 0 511 - 2/21/ 1 /227"
1. Title CONSECUTIVE FILE NOV. 1907  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1917-1918 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / F// F /BOX (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling CONSECUTIVE FILE NOV. 1907. (Explain fully; years; numbers; letters; number of records so Tabeled)
5. Discontinued and missing records NONE (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF NOTICE FROM HIGHWAYS ENFINEER (Purpose and general nature of record. Principal items of information
TO REPAIR OR REVIEW FOOTWAYS TO PROPERTY OWNER shown. Summary of forms used in making record, their headings, etc. If a very
NOTICES SHOW DATE INSPECTOR'S REPORT
NO. LOCATION BY STREETS THOUSE NO. contained and dates covered by each should be given. Unless contents of these
LAST DATE WORK TO BE STARTED REMARKS AND records are described by other forms 12-13HR, such forms should be filled out
SIENATURE OF HIFHWAY'S ENGINEER, BOTTOM
WPA FORM 12-13HRRevised (See reverse side) 16-6419

6.	Contents-continued OF FORM SHOWS ABSTRACT OF LAWS
	RELATINE TO FOOTWAYS, BACK OF FORM SHOWS
	SPECIFICATIONS FOR CEMENT AS REQUIRED BY
	ORDINANCE: SEE ATTD. FORM.
7.	Arrangement CHRONO BY DATE OF MOTICE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Hall, ON PRINTED FORMS, (Handwritten, Handwritten printed form, Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / F/1 F BOX /2" x 3" x 12" 200 NOTICES.  (Of record or container. Height, width, thickness or depth. Average number of
	pagos or documents)
11.	Location by dates and quantities 31N, NO, 34 BY SOUTH WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	IN VAULT NEAR ROOM 102 CITY HALL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Dato of publication)

### Highways Engineer's Offiće, Baltim

Notice to Repair or Renew Footway

Inspector's Report No	91
То	
You are hereby notified to	footway and put all
surface drains under same, in	of house or lot
No	
Between n.T. A.	1 \ \ \
Remarks (	
The above work my thatted not late.	191 \
See specifications for Cement footway on the back of this notice.	Highwaxs Engineer
ABSTRACT OF LAWS RELA	TING TO FOOTWAYS

City Charter, Section 6, paragraph 26; and Section 86, City Code, 1996, Article 35, and Sections 20 to 38, as amended by Ordinance 102 of May 10, 1912 Sea also Building Code as to areas, cellars, vaults, etc.

In brief the law provides among other things:

1. That the City Engineer shall bave full power to regulate the grade and width of footways, and the manner of construction, and the materials for the same.

2. That the property owner shall construct and maintain the footway. 3. That the grade across the footway shall not exceed 1/2 inch to the foot.

4. That notice may be served on owner, agent or tenant, or left at their residence, or published in three or more daily newspapers, and posted or set up on the premises.

5. That failure to comply with notice subjects owner to fine of \$10.00 per day.

6. That the City Engineer is authorized to do the work at the expense of owner with 3% added, after 10 days' notice.

That it is necessary to get a permit to dig up footway, cut curh, etc.

That the footway is not to be obstructed. 9. That the footways on unpaved streets must be brought to grade and constructed of cinders, crushed

stone, wood or other suitable material. 10. That all drainage on footways, shall be put under instead of across the surface of same. Penalty for violating, not less than \$50.00, not more than \$100.00.

### SPECIFICATIONS FOR CEMENT SIDEWALKS AS REQUIRED BY ORDINANCE NO. 182

### Approved May 10th, 1912 and Ordinance No. 7 Approved June 26th, 1915.

1. The footway shall be excavated to a depth of five inches below its surface. The plane formed by this excavation shall be known as sub-grade. On the sub-grade shall be placed a layer of Portland Cement concrete four (4) inches thick. The concrete course shall be well rammed.

2. The concrete shall be composed of one part Portland Cement, two and one-half parts sand and five parts broken stone or gravel. The sand must be clean, sbarp sand, and the stone may be of varying sizes, provided that no stone exceeds one and one-half inches in its greatest dimensions. The cement must be in accordance with the general specifications of City Engineer; and where work is being done under city's supervision cement must be tested and tagged.

- 3. After the concrete has taken its initial set, but before it has taken its hard, or final set, there shall be floated on the concrete a top course, which shall be made of the specified coment and sand, mixed in the manner as for mortar, in the proportion of one part cement to one and one-half parts sand. This shall be spread on the concrete base to a depth of one incb as a top course. On this top course shall be sprinkled or dusted two parts of Portland Cement and one part sand and the kind of coloring matter as the Engineer may direct, thoroughly mixed, after which the surface shall be properly finished by trowelling.
- 4. During the construction of the paving the concrete shall be cut in rectangular slabs or blocks, with sides not exceeding five feet. The cut to extend from the surface of the concrete through to the sub-grade, and filled with sand I efore the top coat is put down. The cuts in the top coat or wearing surface shall be made directly over and in line with the cuts in the concrete eourse. The cuts may vary from rectangular lines where circumstances require such variation; but, in all cases, at least one cut shall be made from each projecting corner of the building against which the pavement is laid.
- 5. When the concrete pavement is completed, as above described, it shall be protected from traffic and from rays of the sun until thoroughly set. In hot and dry weather it must be covered with canvas or other material that has been saturated with water, and this, in turn, protected by a covering of boards, so arranged as to protect the pavement and not to interfere with pedestrians using the sidewalk.
- 6. All material used in the construction of this pavement must conform to the specifications for such materials in force in the City Engineer's Department.

7. Footways, over vaults, shall conform generally to the preceding specifications, and be laid so as to conform also to the rules and regulations of the Inspector of Buildings Department.

8. BITUMINOUS EXPANSION JOINTS, one-half inch wide, shall be placed at street corners following the projection of the building lines from the building corner to the curb and around the curb from building line to building line. Where cross walks are constructed, the joints are to be placed along each longitudinal side of the connecting walk between the curb and the footway.

 All cement footways must be cut through to the sub-grade on the adjoining building lines, and adjoining footways brought to the grade of new footway on said building line so as to not make same a stumbling place.

10. The coloring matter in the topping is composed of one-quarter pound of lamp black to each bag of cement and to be thoroughly mixed dry as follows: one part Portland Cement, one and one-half parts clean, sharp sand and one-quarter pound lamp black or other satisfactory coloring material.

11. In using coloring in the dust instead of mixing with the topping the mixture should be one bag ce-

ment, one-balf bag sand and one-eighth pound of lamp black mixed thoroughly and run through screen.

### GENERAL CONDITIONS.

12. Both cement and asphalt blocks, and tile pavements must be laid to one true, plane surface without depression or rise above such plane.

13. At street intersections, where one plane surface is impracticable, more than one plane, or a curved surface, may be used where necessary.

14. Sidewalks shall have a uniform slope from the building line to the curb, which slope shall not exceed one-half of one inch to one foot.

15. Sidewalks must be laid so as to make a smooth and even joint with adjacent sidewalks, and leave no drop or rise that could possibly cause pedestrians to stumble; and must also finish fair with vault coverings, manholes and other such structures on the sidewalks.

# DELCHER-MACK-DILWORTH JAN. 4, 1940. SERIAL No. 330 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

				=
County BALTIMORE	CITY,	State MARYL	AND	_
Name of agency or office	BUREAU OF (Office of custody)	AFCHANICAL EL Office which made the	FCTRICAL SERVI	CE
Address of office of cus	tody ROO (Name of b	M 320 MUNIP uilding, room number	street address)	
l. Title (Give prese	REMANS COM	PIFTFD WO.	or REPORT) if any, in brackets.	-
If record has had	other titles, list t	hem with dates or qua	antities or both)	-
2. Dates	1914.		exact date of breaks).	dore
	st and latest dates;	missing dates. Show	exact date of breaks).	
3. Quantity (Numb	er of volumes; file d	rawers; file boxes;	bundles; other)	-
	lly; years; numbers;			
5. Discontinued and miss	ing records (If rec	NONE ord discontinuod, gi	re reason and state	
whether same infor	mation shown in anoth	er record. Explain	why records are	
missing, if possib	le)			
6. Contents <u>CONSIST</u> (Purpose a	S OF FORMAN nd general nature of	record. Principal i	WORK REPOR	I
SHOWING LOC shown. Summary of	ATION OF W forms used in making	record, their heading	REETS DISCRI	PTIDI
OF WORK A	MOUNT AND anoous record, detail	KIND OF A	type of records	ED,
CLASS OF LA	SOR AND A		F HOURS WOL	RKEL
SIENATURE (records are descri	OF FOREMA bed by other Forms 12	13HR, such forms sho	ould be filled out	
and attached)	3			
WPA FORM 12-13HRRevise	d (See ro	verse side)	16-6419	

6.	Contents-continued .
7.	Arrangement CHRONO, BY MONTHS. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW. ON PRINTED FORM 9 BLANK PAPER. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typod printed form. Typod printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / BUNDLE 3"2" X 4" X 7" APPROX (Of record or container. Height, width, thickness or depth. Average number of
	400 REPORTS. pages or documents)
11.	Location by dates and quantities MFTAL DRAWER NO. 7 BY (Room, vault, wall-N.E.S.W., section, bin, shelf,
	SOUTH WALL IN VAULT NEAR ROOM 102
	CITY HALL BLDE.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DFICHER-MACK-DILWORTH JAN, 16, 1940. SERIAL No. 33/ (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE	CITY State MARY	CLAND
Name of agency or office 30K	of custody) (Office which made	the record, if different)
Address of office of custody	(Name of building, room numb	oer, street address)
1. Title // MEC (Give present full RFCORD)  If record has had other t	H. ELFC. SERVICE / title in quotes; assigned title OF PIANS itles, list them with dates or	AMES F. FAIRBANKS e, if any, in brackets. quantities or both)
	1937 — — • atest dates; missing dates. Sho	
3. Quantity / LOOSE (Number of vo	LEAF BINDER	s; bundles; other)
4. Labeling MECH FIFE (Explain fully; year	SERVICE JAMES E rs; numbers; letters; number of	FAIRBANKS, records so labeled)
5. Discontinued and missing reco	rds // ONE (If record discontinued,	give reason and state
whether same information s	hown in another record. Explain	in why records are
missing, if possible)		
6. Contents ONSISTS OF (Purpose and genor	RECORD OF PLA	items of information
DISCRIPTION OF shown. Summery of forms u	WORK TYPE OF Seed in making record, their her	MORK DATE REQUES,
FOR DRAWING	ecord, detailed information as	to type of records
	FTD DRAWINE d by each should be given. Unl	NO. PIAT NO. less contents of those
DIS NO DATE records are described by o	ther Forms 12-13HR, such forms	DATA RECD. should be filled out
PLOTTED BOOK and attached)	TRACINE NO.	DATE CONST.
WPA FORM 12-13HRRevised	(See reverse side)	16-6419

6.	Contents-continued DATA RECD, & PLOT NO. AND NAME OF
	PARTY MAKING DRAWINGS, SEE ATTO, FORM,
7.	Arrangement CHRONO, BY YEARS, NUM. BY NO. OF PLAN (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
0	and place cross reference here to that form by title and identification number)
9.	Writing Handwritten Printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size /-Loose LEA binder 9" X 11 2" X 1" 30 SHEETS  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities ON TOP OF DESK BY SOUTH (Room, vault, wall-N.E.S.W., section, bin, sholf,
	WALL IN ROOM 322 MUNICIPAL BLDG.
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
.3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(manual) (manual)
	(Place of publication) (Date of publication)

7.	
0 7	RECORD OF PLANS FOR .
TYPE OF WORK	0
REC. START COMP RET'D.	MECHANICAL-
DRAW'S PLAT NS PLOTTED PLOTTED DRAW'S REC. BOOK TRAC REC. PLOT. DRAW'N BY	-ELECTRICAL SER.

# DFICHER-MACK-FAWCETT DFC 13.1939. SERIAL No. 332 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY, State MARYLAND
Name of agency or office BURFAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody 320 MUNIPIPAL BLDG, (Name of building, room number, street address)
1. Title COMPLAINTS (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1912 - 1913.  (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / F// F /3 0 X (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONTENTS CONSISTS OF COPY OF  (Purpose and general nature of record. Principal items of information
COMPLAINTS RECEIVED BY ELECTRICAL shown. Summary of forms used in making record, their headings, etc. If a very
COMMISSION FROM WARIOUS FIRMS RELATIVE
TO OBSTRUCTIONS IN WAY OF TRAFFIC OR contained and dates covered by each should be given. Unless contents of these
RECEIVING PLATFORMS OR DOORS AND ARE records are described by other Forms 12-13HR, such forms should be filled out
REFERRED TO PROPER DEPARTMENT FOR

6.	Contents—continued ACTION, SEE COPY ATTD.
7.	Arrangement CHRONO, BY DATE OF COMPLAINT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing TYPED Y HOUS ON DEPARTMENTAL DATA (Handwritten Printed form. Handwritten printed head. Typed.
	SHFFTS Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / F/LE BOX /2"X3"X/2" APPROX (Of record or container. Height, width, thickness or depth. Average number of
	3000 COMPLAINT COPIES. pages or documents)
11.	Location by dates and quantities 3/N.34 BY SOUTH WALL (Room, vault, wallN.E.S.W., section, bin, sholf,
	/N VAULT NEAR ROOM 102 CITY HALL BIDE
	Calinet, on floor)
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# ELECTRICAL COMMISSION.

DEPARTMENT NOTES AND DATA TO BE PRESERVED IN DUPLICATE

Subject Letter of Continental Paper Bag Co., dated Get 3-12.

ATTRUTION OF UR. BRAUCHARP:

"I beg to call your attention to the cobble stones piled up on one side of the lay rading from Exchange Place around to the alley at the eck of our building. Using to the laying of conduits in this alley recently these stones have been piled up here and they are very much in the way as at times the traffic in this alley becomes very much congested.

The abork conditions are due to the graph of and some forus ford our sparse for 16-12.

(Signed)

Pl Thomas

WORKS PROGRESS ADMINISTRATION DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS THE HISTORICAL RECORDS SURVEY: 1937 1734 NEW YORK AVE. NW. Washington, D.C.

VOLUMES AND UNBOUND RECORDS FORM

County BAL	TIMORE	CITY	State	MAS	YLAND	
Name of agen	cy or office	BUREAU OF	MECHAN dy) (Office w	//CAL E	the record, if	SFRY/CE different)
Address of o	ffice of eusto	dy ROO (Name	M 320 of building,	room number	er, street add	LDF,
l. Title	(Give present	ATERIA full title in	REOI quotes; assi	//S/T/gned title	if any, in b	rackets.
If re	cord has had o	ther titles, l	ist them with	dates or	quantities or 1	ooth)
2. Dates_	/92	9	ates: missing	dates. Show	w exact date of	f breaks).
7 Committee						
o. damining	/ BUNDER	of volumos; i	ilo drawers;	rile boxes	; bundles; other	er)
	(Explain full					
5. Discontin	wed and missin	g rocords (I	NONE if record disc	ontinued, (	give reason and	l state
whethe	r samo informa	tion shown in	enother recor	d. Explair	n why records	are
missin	g, if possible	)				
6. Contents	(Purpose and	OF ORI	ERS FO	R MA Principal	TERIAL items of info	ISSUED reation
BY BU shown.	Summary of f	F MECH orms used in m	ANIPAL making record,	ELEC their head	TRICAL Strings, etc. I	BERVICE a very
ON STO	ORE ROLL	OM SHI	lethiled infor	MATA mation as	to type of reco	RDER
NO. contain	DATE nod and dates	VAME (eovered by each	of Bush	REAU iven. Unle	NO A	ND ACCOUNT These
CHARI	FFD TO s are describe	LOCA by other For	7/0/ G	QUANT uch forms s	should be fille	2EAND
DISE and at	RIPTIDI tached)	V OF	MATER	IAL	SIGANT	WAE OF
WPA FORM 12-	13HRRevised	(8	ce reverse si	de)	16-6419	

(See reverse side)

6.	Contents-continued FORFMAN MAKINE REQUISITION AND
	PARTY APPROVING SAME, SEE COPY ATID.
7.	Arrangement NIJM BY ORDER NO. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing HOW. ON PRINTED FORM.  (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
LO.	Size BUNDLE 4/2" X 6/2" X 8 12" APPROX, (Of record or container. Height, width, thickness or depth. Average number of
	600 REQUISITIONS pages or documents)
11.	Location by dates and quantities // 57H, BIN FROM FAST WALL (Room, vault, wall-N.E.S.W., section, bin, shelf,
	2D ROWFROM TOP BY SOUTH WALL IN
	VALLIT NEAR ROOM 318 MUNICIPAL BLDG.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

C. & A. 3.062

# CITY OF BALTIMORE—BUREAU Serial #333 MATERIAL REQUISITION

w. o. no		ACCOUNT
OCATION_		
DUANTITY	SIZE	DESCRIPTION
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1		1
		1
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APPROVED

FOREMAN

DFICHER-PEYTON-MACK (Date) NOV. 1.1939 SERIAL No. 334
(Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE, NW.
Washington, D.C.

County BALTIMORF CITY State MARYLAND
Name of agency or office BURFAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MINICIPAL BLDG. (Name of building, room number, street address)
1. Title "MATERIAL ORDERS & CREDIT SLIPS" (Give present full title in quotés; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates /938 - /939 (Farliest and latest dates; missing dates. Show exact date of breaks).
1 Day of St. 2
3. Quantity   BUNDL F (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling MATERIAL ORDERS & CREDIT SLIPS (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records (If record discontinued, give reason and state
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF BUREAU OF MECHANICAL FIFCTRICAL (Purpose and general nature of record. Principal items of information
SERVICE MATERIAL OKDERS ACCOMPANIED BY CREDIT shown. Summary of forms used in making record, their headings, etc. If a very
SIIPS MATERIAL ORDER SHOWS DATE ORDER NO. general or miscellaneous record, detailed information as to type of records
WORK ORDER NO. ACCOUNT NO. LOCATION OF WORK, contained and dates covered by each should be given. Unless contents of these
QUANTITY SIZE & DISCRIPTION OF MATERIAL, records are described by other Forms 12-13fix, such forms should be filled out
UNIT PRICE, DATE OF DELIVERY, NAME OF PARTY

6.	Contents—continued MAKING DELIVERY & PARTY RECEIVING MATA
	CREDIT SLIP SHOWS TICKET NO. FOREMANS NAME
	WORK ORDER NO, ACCIND, LOCATION, QUANTITY, SIZE,
	DISCRIPTION, CLASS, UNIT PRICE, MATL, DELD, & REED, BY.
	Arrangement CHRONO BY DATE OF ORDER. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Haw. ON PRINTED FORMS. (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	(Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size BUNDLE 4"X 6"2" X 8 1/2" APPROX 800  (Of record or container. Height, width, thickness or depth. Average number of
	ORDERS.
	pagés or documents)
1.	Room, vault, wall-N.E.S.W., section, bin, sholf,
	FROM E. WALL BY S. WALL IN VAULT NEAR ROOM
	318 MUNICIPAL BLDG.
2.	Other information
	(Condition of record if not good. Rolation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints
	(Author) (Publisher)
	(Place of publication) (Dato of publication)

DEIGHER - MACK-FANCETT, DEC. 19, 1939, SERIAL No. 335 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY, State MARYLAND.
Name of agency or office BURFAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BIDE.  (Name of building, room number, street address)
1. Title MATERIAL RECEIVED  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates JAN 6 1914 - NOV. 4 1915. (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / VOLUME (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling MATERIAL RECEIVED (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE.
(If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF RECORD OF RECEIPT OF CAK
LOAD SHIPMENTS OF MATERIAL FOR USF IN shown. Summary of forms used in making record, their headings, etc. If a very
ELECTRICAL CONSTRUCTION WORK SHOWING general or miscellaneous record, detailed information as to type of records
Contained and dates covered by each should be given. Unless contents of these
OF REPEIPT ORIGINATING POINT OF SHIPMENT, records are described by other Forms 12-13HR, such forms should be filled out
TEMITED LIST OF CONTENTS GIVINE UNITS AND
4. Labeling MATERIAL RECEIVED.  (Explain fully; years; numbers; letters; number of records so labeled)  5. Discontinued and missing records (If record discontinued, give reason and state)  whether same information shown in another record. Explain why records are  missing, if possible)  6. Contents CONSISTS OF RECORD FREE FIFT OF CAR.  (Purpose and general nature of record. Principal items of information  Shown. Summary of forms used in making record, their headings, etc. If a very  ELECTRICAL CONSTANCE TO WAR SHOWN FOR S

	Contents—continued WEIGHTS AND SIENATURE OF PARTY
	RECEIVING SHIPMENT.
7.	Arrangement CHRONO, BY DATE OF REFERENCE OF SHIPINES (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Solf-containeddescribe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Handwritten Part FS. (Handwritten printed form. Handwritten printed head. Typed.
	Typod printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
.0.	Size / /O/)/MF /2"X6"X3/4" /50 PAFFS.  (Of record or container. height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities /N WOOD CABINET BY NORTH (Room, vault, wallN.E.S.W., section, bin, sholf,
	WALL IN VAULT NEAR ROOM 102 CITY HALL Cubinot, on floor)
	BLDE,
2.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in itom 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

# DELCHER-MACK-FAWCETT, DEC. 6, 1939, SERIAL No. 336 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Soundy BALTIMORE O	PITY State MARI	KLAND
Name of agency or office BUR	of custody) (Office which made to	ELECTRICAL SERVICE
ddress of office of custody	ROOM 320 MUN (Name of building, room number	PAL BLDE.
. Title "SUMMAN (Give present full	RY OF MATERIAL" title in quotes; assigned title,	if any, in brackets.
If record has had other	titles, list them with dates or q	quantities or both)
B. Dates 1900 (Earliest and	— 1902, latest dates; missing dates. Show	exact date of breaks),
S. Quantity / VOLUA	1 E olumes; file drawers; file boxes;	
(Number of v	olumes; file drawers; file boxes;	bundles; other)
Explain fully; ye	ars; numbers; letters; number of	700 - /902 records so labeled)
. Discontinued and missing rec	ords (If record discontinued, g	ive reason and state
whether same information	shown in another record. Explain	why records are
missing, if possible)		
Contents CONSISTS OF	ral nature of record. Principal	FRIAL USED BY items of information
ELECTRICAL CO. shown. Summery of forms	MM/SSION IN STA	ATED PERIOD lings, etc. If a very
	ES DISCRIPTION record, detailed information as t	
MATERIAL USED contained and dates cover	A MOUNT USED,	AND COST OF SA
ALSO SHOWS AN records are described by	other Forms 12-13HR, such forms s	COTTA AND hould be filled out
and attached)	• (6)	•
PA FOR 12-13HR—Revised	(Seo reverse sido)	16-6419

6.	Contents—continued FIBRE CONDUIT LAID IN 1901.			
7.	Arrangement CHRONO, BY DATE MATERIAL USED. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)			
8.	Indexing (Sclf-contained-describe what it shows. If separate, fill out a form for it,			
	(Self-Generalise - Reserve what it shows. If Separate, Illi out a form for it,			
	and place cross reference here to that form by title and identification number)			
9.	Writing Hdw, ON RULED PAFES.  (Handwritten, Handwritten printed form, Handwritten printed head. Typed.			
	(Randwillten. Amawritten printed form. Amawritten printed Real. Typed.			
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give menths			
	and years covered by each kind of writing)			
10.	Size / VOLUME 83/4" X 53/4" X 3/4" 100 PAFES. (Of record or container. Height, width, thickness or depth. Average number of			
	pages er documents)			
11.	Location by dates and quantities / CABINET NO. 1 BY WEST (Room, vault, wall-N.E.S.W., section, bin, sholf,			
	WALL IN VAULT NEAR ROOM 102 CITY HALL cabinet, on floor)			
	BLDG.			
12.	Other infermation (Condition of record if not good. Relation to other records.			
	Information on prior, subsequent, or similar rocords. Whether record is known			
	to have been kept earlier than dates shown in item 2)			
13.	(For use in Florida.) Early imprints (Author) (Publisher)			
	(Place of publication) (Date of publication)			

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BIDG.  (Name of building, room number, street address)
1. Title FOLICE FIRE ALARM & TELEFRAPH PECORD (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates // ONE SHOWN  (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity / VOLUME (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling // // (Explain fully; years; numbers; letters; number of records so labelod)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are missing, if possible)
6. Contents CONSISTS OF RECORD COVERINE LOCATIONS OF (Purpose and general nature of record. Principal items of information
Summary of forms used in making record, their headings, etc. If a very
AND THEIR CONNECTIONS SHOWING STREET
LOCATIONS DISCRIPTION OF ALL CONNECTION contained and dates covered by each should be given. Unless contents of those
DISTRIBUTING BOXES MANHOLES CONDUITS records are described by other Forms 12-13HR, such forms should be filled out
CABLES, SUBSIDIARY CONNECTIONS, WEIGHTS

6.	Contents—continued OF CASTINGS AND FULL DETAILS
•	AS TO MEASUREMENTS.
77	ALDUD BY MARK OF HALT
, , , , , , , , , , , , , , , , , , ,	Arrangement ALPHA, BY NAME OF UNIT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing FRONT PAGE INDEX SHOWING NAME OF (Self-contained-describe what it shows. If separate, fill out a form for it,
(	and place cross reference here to that form by title and identification number)
	Writing TYPFD ON RULED PAFFS.  (Handwritten, Handwritten printed form, Handwritten printed head, Typed.
	(Handwritten Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / VOLUME 14"X 1"X 81/2" 80 PAGES (Of record or container. Height, width, thickness or depth. Average number of
	(Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
	pages or documents)
11.	
, <b>11.</b> :	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf,
11.	
11.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf,
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf, S.W. CORNER ROOM 322 MUNICIPAL BIDG. enbinet, on floor)
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf,
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf, S.W., CORNER ROOM 322 MUNICIPAL BIDE. enbinot, on floor)  Other information (Condition of record if not good. Relation to other records.
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf, S.W., CORNER ROOM 322 MUNICIPAL BIDG. enbinot, on floor)
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf, S.W., CORNER ROOM 322 MUNICIPAL BIDE. enbinot, on floor)  Other information (Condition of record if not good. Relation to other records.
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf, S.W., CORNER ROOM 322 MUNICIPAL BIDE.  Cabinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf, S.W., CORNER ROOM 322 MUNICIPAL BIDE.  Cabinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf,  S. W., CORNER ROOM 322 MUNICIPAL BIDE.  eabinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf,  S. W. CORNER ROOM 322 MUNICIPAL BIDE.  enbinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wallN.E.S.W., section, bin, shelf,  S. W., CORNER ROOM 322 MUNICIPAL BIDE.  eabinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf,  S.W. CORNER ROOM 322 MUNICIPAL BIDE.  Carbinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf,  S.W. CORNER ROOM 322 MUNICIPAL BIDE.  Carbinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf,  S.W. CORNER ROOM 322 MUNICIPAL BIDE.  Carbinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
12.	Location by dates and quantities BOTTOM SHELF IN SAFE IN (Room, vault, wall-N.E.S.W., section, bin, shelf,  S.W. CORNER ROOM 322 MUNICIPAL BIDE.  Carbinot, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)

		•
COUNTY BALTIMORE CI	TY State MAR	YLAND
Name of agency or office BURFA		FIFFTRIPAL SERVE
Address of office of custody	(Name of building, room mumb	or, street address)
1. Title HAULING (Give present full tit	F RFCORD } le in quotes; assigned title	, if any, in brackets.
If record has had other titl		
2. Dates 9/3 - (Farliest and late	- 1915 st dates; missing dates. Sho	w exact date of breaks).
3. Quantity / BIIA	DLF es; file drawers; file boxes	La Casagnati de Junion
4. Labeling (Explain fully; years;	NONE numbers; letters; number of	records so labeled)
5. Discontinued and missing records	A STATE OF THE PARTY OF THE PAR	
SYSTEM DISCONTI	NUFD AS OF	1915
missing, if possible)		
6. Contents CONSISTS (Purpose and general	nature of record. Principal	items of information
DATE SUBJECT N shown! Summary of forms used	AMF OF TRANS in making record, their hear	FR COMPANY dings, etc. If a very
DATE OF HAULING general or miscellaneous reco		
AMOUNT OF TIME contained and dates covered by		TEAM AND ess contents of those
SIFIVATURE OF F	PARTY MAKING r Forms 12-13HR, such forms	Should be filled out
SFF COPY AT	TD.	
WPA FOR: 12-13HRRevised	(See reverse side)	16-6419

6.	Contents—continued_
7.	Arrangement CHRONO, BY DATE OF RECORD. (Chromologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing (Sclf-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing Hdw. ON DEPARTMENTAL DATA SHEETS (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by cuch kind of writing)
LO.	Size / BUNDLE 2"X 9"X 12" 150 SHEETS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
1.	Location by dates and quantities / WOOD CABINET BY EAST (Room, vault, wall-N.E.S.W., section, bin, sholf,
	WALL IN VAULT NEAR ROOM 102 CITY HALL cubinet, on floor)
	BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar rocords. Whether record is known
	to have been kept earlier than dates shown in item 2)
.3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

(ubits retrieve total)

### ELECTRICAL COMMISSION.

#472

DEPARTMENT NOTES AND DATA TO BE PRESERVED IN DUPLICATE

Subject Alacheig Learn Roth Yard.

Beg

27-11

21-1

(Signed)

County BALTIMORE CITY State MARYLAND	
Name of agency or office BURFAU OF MECHANICAL FIFCTRICAL S. (Office of custody) (Office which made the record, if diffe	rent)
Address of office of custody ROOM 320 MUNICIPAL BLD! (Name of building, room number, street address)	<del>5</del> ,
1. Title     F/EID BOOKS     (Give present full title in quotes; assigned title, if any, in bracket)	S.
If record has had other titles, list them with dates or quantities or both)	
2. Datos /93/ - /93/ (Earliest and latest dates; missing dates. Show exact date of brea	ks).
3. Quantity / DRAWER (Number of volumes; file drawers; file boxes; bundles; other)	
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so labeled)	
5. Discontinued and missing records  (If record discontinued, give reason and state	e
SYSTEM DISCONTINUED AS OF 1937, whether same information shown in another record. Explain why records are	
missing, if possible)	
6. Contents CONSISTS OF FIFCTRICAL COMMISSION FO	ELD
BOOKS SHOWING DRAWINGS OF PROPOSED A shown. Summary of forms used in making record, their headings, etc. If a ve	-1 E C-
TRICAL WORK GIVING LOCATION BY STREETS general or miscellaheous record, detailed information as to type of records	TYPE
OF WORK DETAILED MEASUREMENTS AND contained and dates covered by each should be given. Unless contents of these	0
CHANGES NECESSARY IN ORIGINAL PLOTS, records are described by other Forms 12-13ER, such forms should be filled out	
and attached)	
WPA FOR: 12-13HRRevised (See reverse side) 16-6419	

	S. Contents—continued	
·		
*	7. Arrangement ALPHA, BY STREETS. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)	•
	3. Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,	•
		٠
ç	and place cross reference here to that form by title and identification number)  3. Writing  DRAWINGS	•
·	Handwritten. Handwritten printed form. Handwritten printed head. Typed.	
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months	
•	and years covered by each kind of writing)	
10	O. Size DRAWER //2" X /3" X 24" 7 VOLUMES (Of record or container. Height, width, thickness or depth. Average number of	
	100 PAFES EACH pages or documents)	
	pages or documents)	
11	Location by dates and quantities BOTTOM DRAWER IN WOOD	
	(Room, vault, wallN.E.S.W., section, bin, shoff,  CABINET BY SOUTH WALL IN ROOM 322  cabinet, on floor)	•
	MUNICIPAL BLDG.	
12	Condition of record if not good. Relation to other records.	
, ,	Condition of record if not good. Relation to other records.	
	Information on prior, subsequent, or similar records. Whether record is known	
•	Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)	
13	to have been kept earlier than dates shown in item 2)	
13		
13	to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints	
13	to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)	
13	to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)	
13	to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)	

County BALTIMORE CITY State MARYLAND
Name of agency or office SURFAU OF MFCHAN/CAL ELECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF.  (Name of building, room number, street address)
1. Title "ACCIDENT & INJURY CLAIMS ETC" (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1917 — 1921 (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 2 FILE BOXES (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling ACCIDENT & INJURY CLAIMS ETC (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF REPORT OF CLAIMS FOR PERSONAL (Purpose and general nature of record. Principal items of information
INJURY OR PROPERTY DAMAGE (MADE TO ELECTRICAL shown. Summary of forms used in making record, their headings, etc. If a very
COMMISSION BY VARIOUS EMPLOYEES OTHER PARTIES OR general or miscellaneous record, detailed information as to type of records
FIRMS SHOWING DATE OF ACCIDENT OR DAMAGE, contained and dates covered by each should be given. Unless contents of those
LOCATION, PROBABLE CAUSE NATURE OF ACCIDENT records are described by other Forms 12-13MR, such forms should be filled out
OR DAMAGE, NAMESOF ALL PARTIES INVOLVED, NAMES and attached)

6.	Contents—continued WITNESSES IF ANY AND IN SOME CASES
	REPORT OF PHYSICIAN AND VABIOUS LEGAL PAPERS
	ACCOMPANY REPORT SHOWING DISPOSITION OF CASE
7.	Arrangement ALPHA. BY NAME OF PLAINTIFF, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE, (Self-contained-describe what it shows. If separate, fill out a form for it,
	(boll one allow with it slows. If separate, fill out a form for to
	and place cross reference here to that form by title and identification number)
9.	Writing HOW, TTYPED ON BLANK PAPER LETTER (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	HEAD AND DEPARTMENTAL DATA SHEETS, Typod printed form. Typod printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
0.	Size 2 FILE BOXES 12"X3" X 12" EACH APPROX (Of record or container. Height, width, thickness or depth. Average number of
	3500 RFPORTS pages or documents)
1.	Location by dates and quantities (N BIN NO, 36 BY SOUTH WALL (Room, vault, wall-N.E.S.W., section, bin, sholf,
	IN VAULT NEAR ROOM 102 CITY HALL BLDG.
2	
٠.60	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept carlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

#### DELCHER-MACK-FAWCETT, DEC 13,1939, SERIAL No. 341 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BAITIMORE CITY, State MARYLAND	hare of
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERV. (Office of custody) (Office which made the record, if di	1CE fferent)
Address of office of custody ROOM 320 MUNICIPAL BIDG. (Name of building, room number, street address)	
1. Titlo PECE/PTS Cive present full title in quotes; assigned title, if any, in brace	kets.
If record has had other titles, list them with dates or quantities or both	h)
2. Dates /89/-/902.  (Earliest and latest dates; missing dates. Show exact date of b	reaks).
3. Quantity /F/LE BOX. (Number of volumes; file drawers; file boxes; bundles; other)	
4. Labeling NONE (Explain fully; years; numbers; letters; number of records so label	
5. Discontinued and missing records  (If record discontinued, give reason and s	
whether same information shown in another record. Explain why records are	
missing, if possible)	
6. Contents CONSISTS OF REPEIPTS FOR MONEY PAI (Purpose and general nature of record. Principal items of informa	1D TO
TEMPORARY WORKERS FOR PERIODS OF shown. Summary of forms used in making record, their headings, etc. If a	LESS very
THAN ONE WEEK SHOWING NAME OF EM	
DATE OF PAYMENT, DATES COVERED BY contained and dates covored by each should be given. Unless contents of the	_
CLASS OF LABOR LOCATION OF WORK AND records are described by other Forms 12-13HR, such forms should be filled	MOUNT out
PAID - SIENATURE OF FOREMAN AND SIENA	

Contents—continued OF EMPLOYEE.
Arrangement ALPHA, BY NAME OF EMPLOYEE (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)  Writing Haw. ON BLANK PAPER (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size   F IF BOX  2" X 3" X 12" APPROX. 300 (Of record or container. Height, width, thickness or depth. Average number of PFCFIPTS pages or decuments)
Location by dates and quantities /N BIN NO. 26 BY SOUTH WALL (Room, vault, wallN.E.S.W., section, bin, shelf,
Cabinet, on floor) REAR ROOM 102 CITY HALL BLDE.
Other information
(Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints (Author) (Publisher)
(Place of publication) (Date of publication)

VOLUMES AND UNBOUND RECORDS FORM

Gounty BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL ELECTRICAL SERVICE. (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDF.  (Name of building, room number, street address)
1. Title RECORD OF CASH RECEIPTS Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates SEPT 2 /903 - JULY 2 /904  (Farliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity   VOLUME (Number of volumes; file drawers; file boxes; bundles; other).
4. Labeling NONE.  (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records NONE.  (If record discontinued, give reason and state
whother same information shown in another record. Explain why records are missing, if possible)
6. Contents CONSISTS OF RECORD COVERING AMOUNTS PAID (Purpose and general nature of record. Principal items of information
TO CITY BY VARIOUS PARTIES AND FIRMS FOR shown. Summary of forms used in making record, their headings, etc. If a very
ELECTRICAL SERVICES, SHOWING DISCRIPTION general or miscellaneous record, detailed information as to type of records
AND LOCATION OF WORK LABOR HOURS AND contained and dates covered by each should be given. Unless contents of these
CHARFE AMOUNT AND DISCRIPTION OF MATI, records are described by other Foras 12-13fR, such forms should-be filled out
USED CHARGE FOR TOOLS, DATE OF PAYMENT

(See reverse side)

16-6419

WPA FORM 12-13HR--Revised

6.	Contents—continued STAMPED, RECEIVED AND SIENATURE
	OF PARTY RECEIVING PAYMENT.
7.	Arrangement CHRONO, BY DATE OF ENTRY (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing ALPHA BY NAME OF DEBJOR. (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing HDW, ON RULED PAGES. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / VOLUME 17"X7" X3" 184 PAGES.  (Of record or container. Height, width, thickness or depth. Average number of
	pagos or documents)
11.	Location by dates and quantities /// CABWET NUMBER   BY WEST WALL (Room, vault, wall-N.E.S.W., section, bin, shelf,
	(N VAULT NEAR ROOM 102 CITY HALL BLOE,
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

DEICHER-MACK-DILWORTH JAN. 18, 1940. SERIAL No. 34.3 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTI	MORE CITY	State_	MARYL	AND	
Name of agency or	r office BURFAU OF A	AFCHANICA iy) (Office v	VELECTRI which made the	PAL SERVICE record, if dis	ffcrent)
Address of office	e of custody ROOM	of building.	MUNIE,	street addres	DF.
l. Title (Gi	RECORD (we present full title in	OF PE	RM/TS igned title, i	f any, in brack	kets.
If record	has had other titles, li	st them with	dates or que	ntities or both	1)
2. Dates	/929 — /9 (Earliest and latest dat	38.			
3. Quantity	Number of volumes; fi	P			
1. Labeling (Ex	plain fully; years; number	NE			
5. Discontinued a	and missing records	NO.	NE	c reason and s	
	(11	. record disc	oneinuea, giv	c reason and s	Ja. 18
whother san	ne information shown in a	nother recor	d. Explain w	hy records are	
missing, if	f possible)				
S. Contents (Pr	NSISTS OF RI	CORD of record.	OF P	FRMIT	S ISSUE
70 C, 4 F. shown. Sum	TELEPHONE mary of forms used in ma	CO,	BF ME their heading	CHANICA gs, etc. If a	yery very
ELFC. S.	ERVICE BURE miscellaneous record, de	tailed infor	HOWING mation as to	F PFRA type of records	NIT NO
LOCATIO contained a	MHETHER and dates covered by each	OR NO should be g	or CONZ given. Unless	OUIT US contents of the	SED,
/YAMF orecords are	JF C, Y P JEL, described by other Form	OFF/6 s 12-13/R, s	uch forms sho	AME OF	CITY out
OFFICIA and attache	L' APPROVING	G PEI	PMIT F	AND DA	TE.

	5.	Contents—continued SEE COPY ATTD.
	7.	Arrangement CHRONO BY DATE OF PERMIT. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	8.	Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
		(Self-contained-describe what it shows. If separate, fill out a form for it,
		and place cross reference here to that form by title and identification number)
•	9.	Writing HOW, ON RULED SHEETS.
		Writing Haw. ON RULED SHEETS. (Handwritten Handwritten printed form. Handwritten printed head. Typed.
		Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
		and years covered by each kind of writing)
	10.	Size I DRAWER 3" X 11"," X 92" 117 SHEETS
		Size DRAWER 3"X 11"." X 22" 1/7 SHEETS, (Of record or container. Height, width, thickness or depth. Average number of
		pages or documents)
		pages or documents)
	11.	
	11.	Location by dates and quantities 2D DRAWER FROM LEFTSIDE // (Room, vault, wallN.E.S.W., section, bin, sholf,
	11.	
	11.	Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN (Room, vault, wallN.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)
		Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN (Room, vault, wallN.E.S.W., section, bin, sholf, TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BLDF.
		Location by dates and quantities <u>OD. DRAWER FROM LEFTSIDE</u> IN (Room, vault, wallN.E.S.W., section, bin, sholf, TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BLDF.  Other information
		Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN (Room, vault, wallN.E.S.W., section, bin, sholf, TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BLDF.
		Location by dates and quantities <u>OD. DRAWER FROM LEFTSIDE</u> IN (Room, vault, wallN.E.S.W., section, bin, sholf, TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BLDF.  Other information
		Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinot, on floor)  IN ROOM 322 MUNICIPAL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
		Location by dates and quantities <u>OD DRAWER FROM LEFTSIDE</u> IN (Room, vault, wall-N.E.S.W., section, bin, sholf, cabinet, on floor)  IN ROOM 322 MUNICIPAL BLDE.  Other information (Condition of record if not good. Relation to other records.
		Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinot, on floor)  IN ROOM 322 MUNICIPAL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
		Location by dates and quantities On DRAWER FROM LEFTSIDE IN (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinot, on floor)  WALL Cabinot, on floor)  When information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)
	12.	Location by dates and quantities On DRAWER FROM LEFT SIDE IN  (Room, vauit, wallN.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BIDE.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints
	12.	Location by dates and quantities 2D DRAWER FROM JEFTSIDE IN (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BLDF.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)
	12.	Location by dates and quantities On DRAWER FROM LEFT SIDE IN  (Room, vauit, wallN.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL cabinet, on floor)  IN ROOM 322 MUNICIPAL BIDE.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints
	12.	Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN  (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL  cabinot, on floor)  IN ROOM 322 MUNICIPAL BLDE.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
	12.	Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN  (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL  cabinot, on floor)  IN ROOM 322 MUNICIPAL BLDE.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
	12.	Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN  (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL  cabinot, on floor)  IN ROOM 322 MUNICIPAL BLDE.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)
	12.	Location by dates and quantities 2D DRAWER FROM LEFTSIDE IN  (Room, vault, wall-N.E.S.W., section, bin, sholf,  TOP ROW IN WOOD CABINET BY SOUTH WALL  cabinot, on floor)  IN ROOM 322 MUNICIPAL BLDE.  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known  to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints  (Author) (Publisher)

PLAZA 9900 STA. 98

32

# C. P. TELEPHONE CO. RECORD OF PERMITS (012)

PERMIT NO.	LOCATION	CONDUIT	FOR CEP	OK. BY	DATE
1-4624	109 £. 22nd 5+	No	126-	C, H, H/s.	8-12-36
134419	2324 E. Baltimare	) (	lı .	14	7 10
12 49	2013 Ruxton Ave	11	Nerner	<b>b</b> ((	8-13-38
11415	713 M Calpoon St	No	Warner	Croff of the	2-10-08
13460	11/16 E. Biocle St.	1	Rouse	JAS	8-15-38
134 678	3423 Falls Rd	19	Goodell	40	The same of
134686	30 M. Pulas -1	/1	Rouse	0 11	911
13009	1913 ST. PAUL ST	no	'(	X87.	815 88
134713-11	1924-22 ETTING ST	1.	11	J143	8-16-38
134760-4	110-1101, 2574 57	710	KOUSE	J. G. F.	117/38
134746	116 McPhail St	- 1	/ /	2145	
134744	Sida 2242 E. Balfo St	11	1-(	H	
	107 Dale St	-U	11	11	A L
4750	Mc Colloh St	U	li fi		11 04
12/17/7		- 1	Serve Co.		
134765	2743 tenwich air	no	Rouse	93,4.	8/18/38
134785 8096	2709-11-13-18-17-19 Oak St		2 1 1/2	VIAS	61
134999	116 NELLWOOD AVE	11	Row	1.6.7	5/18/38
159799	3107 FAIT AVE	11		J.16.F	11, 138
	530 N WEST ST.	/1	HA Mat	V, G. F	8/489,53
134804	1/30 DENVER ST. (Prov)	31	1-0-	VEGTE	87187739
	810 N FREMONT ST	11	Pouses	J. G. F.	8/4/1/37
134705	13.4 W. FREMONT BYE	h	Rouse	V. G. #	8/19/3/
1 1 )	ALE LOGENOOD 37	N	1 give	V 6. F	8/19/138
134 33	114 M. 2545 ST.		Kouse	V.S.F	8/29/27
134 4	1917 N. BEGISTEE POT.	11:	1,	V/55777.	V/39/91
-	3002 E FAVETTE ST	11	- 11	V. G (=	6/19/31
13 4 853	1912 W. Lateyatta	E (	Tripp	4173	8-20-38
134861	656 PORTLAMOST	/ 1	/-	11	11
134812	10 18 N. D. Z 44 A M. St.	1	GYOUST	3.1	8-22-31
34881	231504K5+	11	//	1	11
54111	3107 F. Fayette +	Yes	Granse	e, H, 14	r-77-38
1 1888	1/5 N LAT AVE	10	Rouse	C.H.H J.G.F	11
161358	203 Puget st	1/4)	- 1/		22-31
134901		11	Makesley	CHIH	
134905		11	Kouse	2/43	11
134911			11	1/	1.53
134 941	1780 W 25 TH ST	No	11	C. H, H	11
184 960		11			1,
134961	The state of the s	11	11	//	8-24-38
135034-35	The state of the s	and the desirement of the transport of the second		11	- 11
15,00,40	the same of the sa	14	Crouse	VAS_	8-5738
1-1-1-1-1	4150 PIMLICO RI	//	GOODELL	J.G.F	8-2138
134182	664 W. MULBERRY ST. DIG F		No.	J.G.F.	8-2438
an interest to	Harlem Are	No	Gravse	LIA-3	4

VOLUMES AND UNBOUND RECORDS FORM

				. <u></u>
BALTIMORE	CITY,	State MA	SYLAND	
ame of agency or office	REAU OF MEC	PHANICAL ELE Office which made	ECTRICAL SEA the record, if d	VICE ifferent)
ddress of office of custodý	• •	•		
. Title CONCERNING (Give present f	LOCATION, D	EPTH, & CAP	ACITY C. & P.	CONDUITS
If record has had oth	ull title in quote <b>IELEPHONE</b> or titles list th	es; assigned titl	e, if any, in bra	ckets.
•	898/ nd latest dates; m			
(Earliest a	nd latest dates; m	issing dates. Sh	ow exact date of	breaks).
Quantity / ROLL (Number o	f volumes; file dr	awers; file boxe	s; bundles; other	).
Labeling CONCERNIA (Explain fully;	<u>&amp; LOCATION</u> years; numbers; 1	DEPTH & CA. etters; number o	PACITY C. 4 F. f records so labe	CANDUITS.
Discontinued and missing	records (If reco	NONE,	give reason and	state
		• •	·.	
whether same informati	on shown in anothe	r record. Expla	in why records ar	e
missing, if possible)	<del></del>			·
Contents CONSISTS (Purpose and g	OF RECORD	S OF LOCAT	TIONS BY	STAEE T.
DEPTH OF C. shown. Summary of for			•	
APACITY OF Cogeneral or miscellance				
FROM CENTER contained and dates co	OF MANHO verod by each shou	LE TO STA	EFT CURE less contents of	CENTER Those
OF CONDUIT TO records are described	CURB A by other Fords 12-	VERAFE 13riR, such forms	DEPTH F	ROM
SURFACE OF S	STREET TO	O TOP OF	CONDUIT	AVERAG
and abbached)	•			

(See reverse side)

16-6419

WPA FOR: 12-13HR--Revised

6.	Contents—continued TO BOTTOM OF CONDUIT AND WIDTH
	OF CONDUIT.
7.	Arrangement ALPHA BY STREET NAME. (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing TYPED ON AULED SHEETS  (Handwritten. Handwritten printed form. Handwritten printed hoad. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / ROLL 4" X 2 4" 27 SHEFTS.  (Of record or container. Height, width, thickness or depth. Average number of
	pages or decuments)
11.	Location by dates and quantities BIN, 22 BY WEST WALL IN (Room, vault, wall-N.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDG.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

(Form identification number) .

WOPKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Soundy BALTIMORE CITY	State MARYLAND
Name of agency or office BURFAU OF (Office of cust	cody) (Office which made the record, if different)
Address of office of custody RO (Nem	OM 320 MUNICIPAL BIDE. ne of building, room number, street address)
	ORDERS and quotes; assigned title, if any, in brackets.
	list them with dates or quantities or both)  1938 lates; missing dates. Show exact date of breaks).
	tile drawers; file boxes; bundles; other)
	NONF bers; letters; number of records so labeled)
5. Discontinued and missing records	If record discontinued, give reason and state
whether same information shown in	another record. Explain why records are
	PURCHASINE ORDER SHOWINE re of record. Principal items of information
and the second s	making record, their headings, etc. If a very
	detailed information as to type of records  THE WALL DESCRIPTION PRICE PER OF Should be given. Unless contents of these
UNIT EXTENSION AND SIENA records are described by other For	TURE OF DEPT HEAD SEE ATTO COP rms 12-13HR, such forms should be filled out
and attached)	See reverse side): 16-5419

6.	Contents—continued
	The second are a state of the state of the second s
	AND ANY
7.	Arrangement CHRONO BY DATE OF ORDER (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE (Self-contained-describe what it shows. If separate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing Haw, & Typen ON PRINTED FORM.  (Hándwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / FILE DRAWER 10"X 15" X 27" APPROX. 7000 ORDERS (Of record or container. Height, width, thickness or depth. Average number of
	pages or documents)
11.	
	Location by dates and quantities N BOTTON DRAWER IN WOODEN (Room, vault, wall-N.E.S.W., section, bin, shelf,
	CABINET BACK OF DOOR IN VAULT NEAR ROOM
	318 MUNICIPAL BLDG,
12.	Other information
	(Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	E Michigan e la dispersa de la primer de la la descripción de la composición del composición de la com
13.	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)
	(Place of publication) (Date of publication)

SERIAL NO. 345.

PURCHASE ORDER CITY OF BASTIMORE CENTRAL PURCHASING BUREAU MUNICIPAL BLOG PURCHASE ORDER NO. A-Luca. 9 50; 85.5 on, 2 19.6 on, DEPT. Residence Still an viscoust # Fore the Prosident to OMPTHOLLERS sublocky of an appolaustic fitti moleson a "copp. SYMBOL VENDOR Court Dealer Tallane loston meterno a Conver [Contod] Horge Cast, ACET, Hally of the spillow interest on the fundamic billing HORK ORDER NO. ie to in, for margain, the State debte," but no [initial] done where passa on this question; the Sonate today Spansed a 2111 Chos is the May optionary Congress has speak an ar turon mente give a preference to any place place PROMISED leng pessentings . . . the Problines and the pener of Locusing alo], after ladatar ton years, on its promote . DESCRIPTION PRICE PER UNIT EXTENSION QUANTITY No. 7 15 Second Sport gar Warginia. No. 7 15 Second Stationers with percentage second William Start, Now York, To Tokin H Johnst Williams, NO THE RESIDENCE STANCE Enclosing Marings Widholns." madored [to exilinate anglibe daly described A.l.S. 2 pp. 24 cm. 2 20 cm. out hore"; sculd to gind to have Scatt come. Sprawided in will submit to figid discipline, I must alongs be absolute ear avery person within my bouse." at ab of so of Campboll Salabit frionin that he should been on the first sports marrie but there control a spring son made tapro amana and with converses the malvos to a maragent if the part of the son comes had been an investigation of protect had been an investigation to protect had a second to do not recolve the protect of the second to the protect of the second to the protect of the second to the second t baccongram them eve Boarsaver prisinosa, expens tor porm feels use redkissaly expens them The great part of this settlement in he seducer you he is the tot little denotes in, to the a loss letter about them. has the in alligance worth emiliags . . . Indian affairs for

DEPT. HEAD.

DEICHER-MARK-FAWEIT DEC 1.1939 SERIAL NO. 346 (Worker's full name) (Date) (Form identification number).

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIM	DRE CITY	State MARY	CLAND
Name of agency of	r office Office	of custody) (Office which made	the record, if different)
Address of offic	e of custody	(Name of building, room mum	ber, street address)
1. Title (Gi	ve present full	NSPECTORS FIELD title in quotes; assigned titl	BOKS e, if any, in brackets.
If record	has had other t	itles, list them with dates or	quantities or both)
2. Dates	1913 - (Earliest and la	atest dates; missing dates. Sh	ow exact date of breaks).
3. Quantity		OOKS Tumes; file drawers; file boxe	
4. Labeling (Ex	plain fully; year	rs; numbers; letters; number o	f records so labeled)
		rds NONE (If record discontinued,	
whether sa	me information sl	nown in another record. Expla	in why records are
missing, i	f possible)		William Reservation
6. Contents (P)	NS/575 OF urpose and genera	INSPECTORS FIE	1 items of information
ROUGH DI shown. Sur	RAWINS A	ND PENCIL NOTATIONS sed in making record, their he	adings, etc. If a very
SHOWING general or	LOCATIONS miscellaneous re	BY STREETS TYPE ecord, detailed information as	SIZE COVERS,
FRAMES	AND DE	TAILED MEASULA by oach should be given. Un	REMENTS
ALSO SA	described by ot	AF OF INSPECTOR	should be filled out
and ettache	ed)	•	ŧ
WPA FORM 12-13HR-	Revised	(See rovorse side)	16-6419

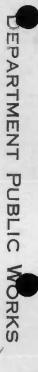
6.	Contents—continued
7.	Arrangement BY DISTRICTS IN RESPECTIVE BOOKS (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
8.	Indexing //ONE (Self-contained-describe what it shows. If separate, fill out a form for it,
9.	and place cross reference here to that form by title and identification number)  Writing DRAWINGS + HAW, ON RIVED PAGES.  (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
10.	and years covered by each kind of writing)  Size 30 BOOKS 7"4"X 1/4" X 43/4"FACHS BOOKS 8"/2" X 1/2" X 5/2  (Of record or container. Meight, width, thickness or depth. Average number of FACH, 50 PAFFS EACH, pages or documents)
11.	Location by dates and quantities // B/A NO. 16 BY SOUTH WALL /M (Room, Vault, wallN.E.S.W., section, bin, sholf,
	VAULT NEAR ROOM 102 CITY HALL BLDF.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
	(For use in Florida.) Early imprints (Author) (Publisher)
	(Place of publication) (Date of publication)

(Form identification number)

WOPKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

County BALTIMORE CITY State MARYLAND
Name of agency or office BUREAU OF MECHANICAL EIFCIRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody NOOM 320 MUNICIPAL  (Name of building, room number, street address)  [NOINERATOR NO. 2 PHILA. RD. Y HERRING RUIV.
1. Title WEFKLY SALVAGE REPORT"  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1936 — (Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity BUNDLE (Number of volumes; file drawers; file boxes; bundles; other)
4. Labeling WEEKLY SALVAGE REPORT (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF WEFKIN SALVAGE REPORTS OF SALVAGED (Purpose and general nature of record. Principal items of information
MATERIAL SOLD FROM INCINERATOR NO. 2 SHOWING shown. Summary of forms used in making record, their headings, etc. If a very
KIND OF MATERIAL AMOUNT SOLD CURRENT WEEK
TOTAL SOLD FROM JAN. 1ST. TO END OF CURRENT contained and dates occurred by each should be given. Unless contents of these
WEEK. AMOUNT OF BILL RENDERED FOR CURRENT records are described by other Forms 12-13TR, such forms should be filled out
WEFK VALUE REED JANY 1ST TO DATE, AVERAGE

	ь.	TENERAL STORFKEEPER.
		SEE ATTO COPK
	7.	Arrangement CHROND, BY WEEK ENDING DATE, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
		Indexing
	a	and place cross reference here to that form by title and identification number)  Writing TYPED ON PRINTED FORM.
	3.	(Handwritten. Handwritten printed form. Handwritten printed head. Typed.
		Typed printed form. Typed printed head. Printed. Photostat. Other. Give months and years covered by cuch kind of writing)
	10.	Size /BDL, 2"X7"X /2" APPROX 200 REPORTS  (Of record or container. Height, width, thicknoss or dopth. Average number of
		pagos or documents)
		Location by dates and quantities /N DRAWER IN WOODEN DESK BY V (Room, vault, wall-N.E.S.W., section, bin, shelf.
NALL	IN	OFFICE OF INCINERATOR IVO. 2. cabinot, on floor)
•	12.	Other information (Condition of record if not good. Relation to other records.
		Information on prior, subsequent, or similar records. Whether record is known
		to have been kept earlier than dates shown in item 2)
	13.	(For use in Florida.) Early imprints
		(Author) (Publisher)
		(Place of publication) (Date of publication)



M. D. B. 1319

790 93		790 93	277,249 "		277,249 "	TOTALS
187 30 4.55 G.T.		187 30	92,210 "		92,210 "	TIN CANS
53 62 2.55 G.T.		554 65	47,100 lbs		47,100 lbs	TIN SCRAP
						BROKEN GLASS
51 45 .75 C.		51 45	5,430 lbs		3,430 lbs	BOTTLESEIGHT
						METALS
	C			<		SCRAP IRON
			,			MATTRESSES
8 76 .40 "		8 76	2,190 "	9	2,190 **	RUBBER
				1		CARPET
21 23 1.25		21 23	1,690 "		1,690 "	BURLAP
37 79 1.46 "	4	37 79	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 592	CURTAINS
1 106 29 2.82 "		106 29	3,772 **		3,772 "	RAGS
168 06 .354 "		168 06	47,960 "		47,960 "	CARDBOARD
156 43 \$.205 cwt.		156 43	76,305 lbs		76,305 lbs	PAPER
To Jan. 11, 1936 AVERAGE PRICE		Jan.11,1936	Jan.11.1936		Jan.11, 1936	
VALUE REC'D From Jan. 1-19 36	Am't Bills Previously Rendered, Week Ending		JAN. 1st TO	TOTAL REPORTED WEEK ENDING	SOLD WEEK ENDING	MATERIAL SALVAGED
lerring Run WED	Philadelphia Road & I	No. 2 - Philad		OF SALVAGED MATERIAL SOLD FROM INCINERATOR.	REPOR OF SALVAGED	R
CAN SOIL CIMEN	(	F STORES	BUREAU OF STORES		1	
	(	COLL MOKY	DETAX MENT TODEIC			

GENERAL STOREKEEPER

DEICHER - MACK JAN, 31, 1940. SERIAL No., 348.
(Worker's full name) (Date) (Form identification number)

WORKS PROCRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Soundy BALTIMORE CITY,	State MA	RYLAND
Name of agency or office BUBEAU (Office of cu	OF MECHANICAL stody) (Office which make	FLECTRICAL SERVICE de the record, if different)
Address of office of custody	ame of building, room no	INICIPAL BLDF.
INCINERATOR NO.	4 17/48, 111.	FRENKINE DUN.
1. Title TRASH TONS (Give present full title	in quotes; assigned ti	E CHART tle, if any, in brackets.
If record has had other titles	, list them with dates of	or quantities or both)
2. Dates 1927 (Earliest and latest	dates; missing dates.	Show exact date of breaks),
3. Quantity (Number of volumes		
4. Labeling (Explain fully; years; n		
5. Discontinued and missing records		
whether same information shown	in another record. Expl	ain why records are
missing, if possible)		
6. Contents CDA/S/STS OF C) (Purpose and general na	ture of record. Princip	AUMBER OF TON
OF TRASH DELIVER shown. Summary of forms used i	ED TO AND n making record, their h	SALVAGED BY neadings, etc. If a very
MCINERATOR NO general or miscollancous record	detailed information	AR FROM 1927 as to type of records
To 1939 INCL AND contained and dates covered by	GRAND To	JAL FOR SAME
PERIOD GIVING Precords are described by other	FORMS 12-13TR, such form	OF SALVAGE,
SEE ATTO, COPY.		1
WPA FOR: 12-13HRRevised	(See reverse side)	16-6419

6.	Contents-continued
7.	Arrangement   CHART, (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing //ONF (Self-contained-describe what it shows. If separate, fill out a form for it,
0	and place cross reference here to that form by title and identification number)
9.	Writing CHART. (Handwritten. Handwritten printed form. Handwritten printed head. Typed.
	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
	and years covered by each kind of writing)
10.	Size / PHART 7"2" x 9"  (Of record or container. Height, width, thickness or depth. Average number of
	The state of the state with an easy are the fact that are stated and stated the state of the sta
	pagos or documents)
11.	Location by dates and quantities IN WOODEN CABINET BY WORTH WALL (Room, vault, wall-N.E.S.W., section, bin, shelf,
	INDEFICE OF INCINERATOR NO. 2.
12.	Other information (Condition of record if not good. Relation to other records.
	Information on prior, subsequent, or similar records. Whether record is known
	to have been kept earlier than dates shown in item 2)
3	(For use in Florida.) Early imprints (Diblisher)
	(Author) (Publisher)
	(Place of publication) (Date of publication)

### BUREAU OF MECHANICAL - ELECTRICAL SERVICE INCINERATOR DIVISION INCINERATOR Nº2

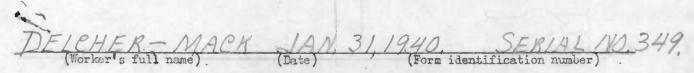
### TRASH TONNAGE AND SALVAGE

VEAR	TRASH DEL'VO	SALVAGE
1927	745	90
1928	37,856	.6.307
1929	44,538	6,650
1930	5 5,039	8.259
1931	57,974	8,269
1932	65,462	9,878
1933	44,431	7,032
. 1934	54.198	6,469
1935	50,672	6,264
1936	46.406 *	5,890
1937	51,948	6.650
1938	48.802	7,470
1939	44,549	6.660
1940		
1941		
1942		
TOTAL	602,610	85,888

1419%

INFORMATION FURNISHED BY BUREAU OF STREET CLEANING AND BUREAU OF STORES

<sup>\*</sup> Closed One month - Stack Relining



County BALTIMORE CITY State MARYLAND
Name of agency or office BIJR FAU OF MECHANICAL FLECTRICAL SEA (Office of custody) (Office which made the record, if different)
Address of office of custody 320 MILVIELPAL BLDF (Name of building, room number, street address)  INCINERATOR NO.2 PHILADELPHIA RD THERRIN
1. Title DFIIVERY RECEIPTS?  (Give present full title in quotes; assigned title, if any, in brackets.
If record has had other titles, list them with dates or quantities or both)
2. Dates 1938 — - •
(Earliest and latest dates; missing dates. Show exact date of breaks).
3. Quantity 5.5 BOKS (Number of volumos; filo drawers; filo boxes; bundles; other)
4. Laboling (Explain fully; years; numbers; lotters; number of records so labeled)
5. Discontinued and missing records  (If record discontinued, give reason and state
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF DELINERY RECEIPTS FOR (Purpose and general nature of record. Principal items of information
MATERIAL DELIVERED TO VARIOUS FIRMS shown. Summary of forms used in making record, their headings, etc. If a very
FROM INCINERATOR NO. 2 SHOWING DATE general or miscellaneous record, detailed information as to type of records
OF DELIVERY NAME OF FIRM NATERIAL contained and dates covered by each should be given. Unless contents of these
DELIVERED TO QUANTITY POUNDS DESCRIPTION TO TO TO THE TOTAL STATE AND SHOULD BE FINED OUT
OF MATERIAL, TRUCK NO. AND SIENATURE
WPA FOR: 12-13FRRevised (See reverse side) 16-6419

Contents—continued OF PARTY RECEIVING MATERIAL
Arrangement NUM, BY NO, OF RECEIPT (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
Indexing (Self-contained-describe what it shows. If separate, fill out a form for it,
and place cross reference here to that form by title and identification number)
Writing Handwritten PRINTED FORM (Handwritten Printed head. Typed.
Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
and years covered by each kind of writing)
Size 55 BOOKS 81/2" X 51/2" X 3/4" EACH APPROX. (Of record or container. Height, width, thickness or depth. Average number of
2700 COPIES. pages or documents)
Location by dates and quantities ON SHFLE IN WOODEN CABINET (Room, vault, wall-N.E.S.W., section, bin, sholf,
NORTH WALL IN OFFICE OF INCINERATOR
NO. 2.
Other information
(Condition of record if not good. Relation to other records.
Information on prior, subsequent, or similar records. Whether record is known
to have been kept earlier than dates shown in item 2)
(For use in Florida.) Early imprints
 (Author) (Publisher)
(Place of publication) (Date of publication)

FURM 03 MUB 6230	DELIVER	Y RECEIPT	Serial #349
- 1	.0	1	
1	Baltim	ore, Cin	ce 27 1938
111	7-19.1	4 7	Hetal Co.
RECEIVED O	F CITY OF BA	ALTIMO	RE.
BURE	AU OF MECHANIC	AL-ELECT	RICAL SERVICE
	FROM No. Z	INCINE	CRATOR
THE FOLLOW	VING:		Nº 10542
QUANTITY	POUNDS	101	DESCRIPTION
	16080	Ja.	
	6890		
110 Bales	9190	Bale	of Screy Meta
	/	. 7	1
· ·	10	1	(Triplicate)
	1		1822
	1		(cobies)
Received l	y thite	dish	on + Metal C
Truck No.	257-727	Perlan	nes Charles
		V	

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DF1CHER - MACK JAN 31,1940 SERIAL NO. 350 (Worker's full name) (Date) (Form identification number)

WORKS PROGRESS ADMINISTRATION
DIVISION OF WOMEN'S AND PROFESSIONAL PROJECTS
THE HISTORICAL RECORDS SURVEY: 1937
1734 NEW YORK AVE. NW.
Washington, D.C.

Sounty BALTIMORE CITY, State MARYLAND
Name of agency or office BUKEAU OF MECHANICAL FLECTRICAL SERVICE (Office of custody) (Office which made the record, if different)
Address of office of custody ROOM 320 MUNICIPAL BLDE.  (Name of building, room number, street address)  INCINERATOR NO. 2 PHILA RD, 4 HERRINE RUN
1. Title // // // // // // // // // // // // //
If record has had other titles, list them with dates or quantities or both)  2. Dates
3. Quantity / LOOSE LEAF BINDER (Number of volumes; file drawers; file boxes; bundles; other)
4. Iabeling /NCINERATOR NO. 2 MONTHLY LABOR & TONNAGE CHART, (Explain fully; years; numbers; letters; number of records so labeled)
5. Discontinued and missing records
whether same information shown in another record. Explain why records are
missing, if possible)
6. Contents CONSISTS OF LABOR & TONNAFE CHARIS SHOWING (Purpose and general nature of record. Principal items of information
DAILY TONNAGE OF MATERIAL SALVAGED AT INCINERATOR, shown. Summary of forms used in making record, their headings, etc. If a very
HOURS WORKED DAILY LABOR COST CONDITION OF gomeral or miscellaneous record, detailed information as to type of records
WEATHER AVERAFE TONS PER HOUR AVERAFE contained and dates covered by each should be given. Unless contents of these
PRICE PER TON. JOTAL TONS HOURS AND rocords are described by other Forms 12-13HR, such forms should be filled out
LABOR COST FOR MONTH, SEE COPY ATTI.
WPA FOR: 12-13HRRevised (See reverse side) 16-6419

Ä	Contents—continued
. 0.	Content Saccontinued .
7.	Arrangement CHRONO, BY MONTHS (Chronologically-by what? Numerically-by what? Alphabetically-by what?)
	Indexing NONE
	(Self-containeddescribe what it shows. If soparate, fill out a form for it,
	and place cross reference here to that form by title and identification number)
9.	Writing CHART
	(Handwritten. Handwritten printed form. Handwritten printed head. Typed.
:	Typed printed form. Typed printed head. Printed. Photostat. Other. Give months
• .•	
	and years covered by each kind of writing)
10.	Size /LOOSE / EAF BINDER 8"X 12" X 1/2" 48  (Of record or container. Height, width, thickness or depth. Average number of
	(or record or container. Height, width, thickness or depth. Average number of
	CHARTS.
	•
11.	CHARTS  pages or documents)
11.	Pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf,
11,	CHARTS  pages or documents)
11.	Pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf,
	Pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf, Cabinet, on floor)
	Pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf,
	CHARTS pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wall-N.E.S.W., section, bin, sholf,  BY W. WALL IN OFFICE INCINERATOR NO. 2.  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.
	Pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf, Cabinet, on floor)  Other information
	CHARTS pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wall-N.E.S.W., section, bin, sholf,  BY W. WALL IN OFFICE INCINERATOR NO. 2.  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.
	Description by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wall-N.E.S.W., section, bin, sholf,  BY W. WALL IN OFFICE INCINER ATOR NO. 2  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
	Description by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wall-N.E.S.W., section, bin, sholf,  BY W. WALL IN OFFICE INCINER ATOR NO. 2  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known
12.	Description by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf, abinet, on floor)  Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints
12.	Pages or documents)  Location by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf,  BY W. WALL IN OFFICE INCINERATOR NO. 2  Cabinet, on floor)  Other information  (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)
12.	Description by dates and quantities IN DRAWER IN WOODEN DESK (Room, vault, wallN.E.S.W., section, bin, sholf, abinet, on floor)  Other information (Condition of record if not good. Relation to other records.  Information on prior, subsequent, or similar records. Whether record is known to have been kept earlier than dates shown in item 2)  (For use in Florida.) Early imprints

# BUREAU NCINERATOR DIVISION INCINERATOR Nº 2 MECHANICAL - ELECTRICAL SERVICE

DAILY TONNAGE & HOURS

1

MONTH OF

JAN 1935

RUBBISH

GARBAGE

Serial # 350



